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The care of the human mind is the most noble branch of medicine.—GROTIUS.

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The JOURNAL now enters upon its forty-seventh volume. It was established by the late Dr. Brigham, the first Superintendent of the Utica State Hospital, and after his death edited by Dr. T. Romeyn Beck, author of "Beck's Medical Jurisprudence." Dr. John P. Gray, with the Medical Staff of the Hospital as his associates, was editor-in-chief from the year 1854 until his death, in 1886. It is the oldest journal in America devoted especially to Insanity, its Treatment, Jurisprudence, &c., and is particularly valuable to the medical and legal professions, and to all interested in the subject of Insanity and Psychological Science.

INDEX TO VOL. XLVII.

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with Lewis's regards of Dr. J.S. Butler

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* Address of Retiring President, Forty-fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Niagara Falls, June 10-13, 1890.

With kindly regards of Dr. J. H. Hollis

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AMERICAN
JOURNAL OF INSANITY.
JULY, 1890.

ASPECTS AND OUTLOOK OF INSANITY IN AMERICA.*

BY W. W. GODDING, M. D.,
Medical Superintendent of the Government Hospital for the Insane,
Washington, D. C.

GENTLEMEN OF THE ASSOCIATION: In the journey of our lives, so only that journey be sufficiently prolonged, we may come at last—even though "Carcassonne" be never reached—to some summit, some Simplon pass, whence we look back over all the world of bygones—that was our world once, seen now in peaceful retrospect with the shadows lengthening over it—and then, look forward to the future whose sunlit hopes glow in the heavens just "beyond the horizon to which," as Bulwer says, "the eyes of my generation must limit their wistful gaze." Standing there in that higher atmosphere, measurably cleared from the blinding dust of ambition and envy, may we not see some things more distinctly than before?

To such summit I this day come. Not very lofty, it is true, but the most exalted that I shall ever reach, and high enough to enable me to look backwards over more than thirty years of hospital life among the insane, and forwards to where the converging lines of the perspective expand at last into the infinite.

I had thought, standing thus, to speak to you of the retrospect and prospect of psychiatry. But the exacting duties of my life leave little time for anything outside the daily routine of hospital cares, while the rapidly waning hours of May admonish me that something less ambitious than a complete history of the psychiatry of the nineteenth century must suffice. My opportunity, and it passes! But I accept the inevitable; the bow of

* Address of Retiring President, Forty-fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Niagara Falls, June 10-13, 1890.

Ulysses is not to be bent by the mere desire to bend it. The individual is nothing, the Association can well afford to wait. Some better man will come, who may find at the junction of the nineteenth and twentieth centuries his opportunity for such review of the hundred years, one who with clearer insight and better hopes than mine shall plant truth's banner in the van, and with clarion voice and prophet call,

> "Ring in the valiant man and free,
> The larger heart, the kindlier hand;
> Ring out the darkness of the land,
> Ring in the Christ that is to be."

Foregoing, then, my original intention, as being beyond the time and strength that I am able to devote to this occasion, I shall content myself with stating how some things in our dealings with the insane impress me. In doing this I shall speak frankly, but, I hope, not unkindly; and where my plain speaking may fail in its rhetoric, I trust it may not be found wanting in truth. The pleasing task of eulogizing the past I shall leave mainly to others; the deeds of the fathers cannot avail for us, it is by our own acts we are judged, by them we stand or fall.

Aspects and Outlook of Insanity in America.

The nineteenth century, now rounding to its last decade, found America poor, undeveloped, just emerging from the struggle for a national existence, a notable instance of "the survival of the fittest." It will leave her, in the activity and energy of her people, in a degree of scientific attainment which in all industrial art makes the work of Aladdin's genii but commonplace, in home comforts, nay home luxuries, of whose like no other age has dreamed, in material wealth, in political freedom and power; in short, in all that makes the life of the nation or the individual worth living—the foremost people of all this world.

Proud as we justly may be, as American citizens, of this industrial progress, this intellectual advance, this increase of wealth, this growth in power, this march of empire, we have certainly equal cause for congratulating ourselves on the progress that has been made in providing for our defective classes, notably the insane. The public care of the insane in America may be said to have had its origin and

development within the present century. If as early as 1750 we find a ward in the Pennsylvania hospital set apart for their care, and if before the war of the Revolution the idea of a hospital for these unfortunates had borne fruit in a building under State supervision, erected at Williamsburg, Va., these were at best but embryotic centres of growth which the nineteenth century was to quicken into life and action. A little leaven, yet how it has leavened the whole lump, extending from State to State, creating public opinion, organizing methods, building institutions, reaching out towards universal care, until at last in this year of grace 1890, the Empire State of New York, by legislative enactment, makes all insane persons wards of the State, placing them—so far as this law could do it—in State hospitals for their treatment and care.* Is it any small achievement, think you, this caring for the insane of a whole State? And this good work we may look to see go on, for example is contagious; other States will enact the same or similar laws, and it is within bounds to expect that there are superintendents of hospitals now in office who will live to see this matter of State care extended, until from Maine to farthest Sitka, there shall not be left one insane man or woman outside of State protection and care. The State looks to us as superintendents to render that protection and care to her afflicted ones. The largess of a whole people, it should be given freely, as befits a nation calling itself Christian; the care, it should be worthy of the State that provides it. How is all this now?

I think we may claim, without fear of contradiction, that, as a rule, to which there may be exceptions, but exceptions that only prove the rule, the States on the one hand and the superintendents on the other, have been actuated by the highest philanthropy and noblest Christian charity in their provision for and care of this unfortunate class. In proof of the first I need only recall to your minds the labors of that gifted woman, Dorothea L. Dix, whose work has passed into history now, whose spirit has claimed its kindred elsewhere, whose memoir I had hoped would appear in my lifetime, but whose striking individuality is so impressed on memory that it needs no written page to bring back her living presence in the hearts of all her friends. This wonderful woman passed through the land "like the voice of one crying in the wilderness," calling to men

* Vermont and California, and perhaps other States, had in a sense anticipated the New York law in this legislation.

and women everywhere to look on these poor outcasts of earth, mind-sick and left to languish in prison-houses of neglect, and to behold in them their "brother and sister and mother." And men in every station, in their shops, in their homes, on their farms, the men in office, the governors and legislators of States heard the call, passed laws creating hospitals, erected buildings, and in the name of humanity threw open their doors to the insane of America. The call had come to them like that of religion, their act, it was devotion, and they did it "In His name." The men that they called to their care were worthy of that high calling, and their successors have not fallen far behind the standard of conscientious self-devotion to the work which the superintendents of the first hospitals set up for themselves. It were invidious to particularize, and if I were to begin to name them, going to the earlier or the later lists, I do not know where I could stop. Some were more widely known but not better beloved. In the galaxy of that firmament, as in the heavens above us "one star differeth from another star," but only "in glory." There may be exceptions, I should be the last person to claim there are not, but when I remember those whom it has been my privilege to know, I want to put myself on record here as saying that as a class the Superintendents of American Institutions for the Insane, in their work, in their lives, in all that goes to the making of the Christian gentleman in the truest sense of the term, will compare favorably with any equal body of men in this or any other age, anywhere. When I say Christian, I do not claim that they are all churchmen, very far from that, and yet,

> "All hearts confess the saints elect,
> Who, twain in faith, in love agree."

"The *life* that is more than meat" is more than creeds also. Looking on those lives given up to the insane and devoted to doing them good, with all which that devotion implies, it is not for me to say them nay, and when I would brand them as agnostics my words shape themselves into the syllables of His name. And martyrs "In His name" have not been wanting to our work. Cook, Metcalf, Gray and Sawyer all gave their lives as the seal of their devotion to the insane and were martyrs though they had no pyre.

I think enough has been said to show that the spirit in which this work of caring for the insane in America was undertaken and has been carried on down to the present time is uniformly praise-

worthy. The less pleasing task remains to show some of the limitations to success in that work. First, is the incongruous character and inadequate extent of the provision. At the outset the States came forward and built generously, as with the largess of kings, palaces—shall I say at our suggestion?—that I fear have sometimes proved but prisons. Darby and his Joan, Bridget and Patrick, who all their lives have been happy in houses of the most primitive architecture with but one room, or at the best with a ground floor and an attic, with the goats and the pigs, and the children together, now find themselves in the midst of oppressive splendor, vast hall spaces lined with settees, in stately gothic, mediæval in their discomfort, of which good old Dr. Ray once said to me inquiringly, "Nobody ever sits down on these things?" drafty corridors where they encounter for the first time in their lives the chilly contradictions of the problem of a forced ventilation; blank, white walls and ceilings that awe them by their shadowy light; polished floors coldly beautiful in their cleanliness that suggest a skating rink. Amidst such unaccustomed environments they should recover at once under the well-recognized curative influence of entire change of surroundings, or failing of cure, pine in nostalgic melancholia for the homely comforts of a cottage, not so imposing in its architecture, but more homelike; or perchance characterize the whole cathedral pile, after the manner of one of my poor fellows, as a "palatial barn."

But call it by what name you will it is a provision that stands as monumental, and is sufficient for perhaps one-third of all that State's insane. Where are the rest? I am not here to shame our civilization with the story of the neglect of the insane in our county and town alms-houses away from any efficient State supervision; it has been told too often already, told until we have all become familiar with its revolting details. These alms-houses have undoubtedly been improved very much, but are still far enough from being model homes for their inmates. Some of the insane are there, but far too many of the remainder go to overcrowd the inadequate accommodations which the State has already provided in her hospitals. The overcrowding of institutions for the insane is not now brought forward as a new theme; to superintendents as a class it is an every day experience, but do we fully realize the great wrong that is done to the insane thereby? We protest mildly in our annual reports and appeal to State authorities for additional accommodations, whereas we ought to shut our

doors and refuse to receive another patient, except as a vacancy might occur, until ample accommodations are provided. But we are tender-hearted where we should be like adamant for the good of the insane. Our wards are full, but pityingly we let in one and another and another—to most of us the law leaves no option, we must admit—meantime the associate dormitory is made to provide for several beyond its normal capacity, the single room is required to receive two, which makes the very worst kind of associate provision. Put yourself in his place and see how you would like it to find yourself behind a locked door pitted singly and alone against a lunatic to glare at you in the night watches. Meantime the overcrowding goes on, cots are brought out at night and laid down on the corridor floors, at first one or two in nooks and alcoves that seem quite designed for this sort of thing, but the business grows, the special adaptation of recesses and alcoves becomes less apparent as the line of beds side by side stretches in lengthening vista down the hall. And still the floors fill up until one, two, three hundred are thus nightly—not accommodated but provided for. From ground floor to attic your hospital, spread with its white beds seems a very bivouac of lunatics. What a fearful responsibility to the superintendent, who can at least resign; what an outrage on the insane who would be only too glad to resign, but whose resignations would not be accepted. This is no new thing to me, all my term as a superintendent I have known no hospital but a crowded one. Erecting buildings all the time, the incoming flood has still kept in advance of construction. I have had dreams of classification of which the thronged wards would never permit the realization. Day by day, year after year, I have seen the individualized treatment of special cases swamped by the rising tide of indiscriminate lunacy pouring through the wards, filling every crevice, rising higher and higher until gradually most distinctions and landmarks have been blotted out. Twenty years I have battled with this flood. Like the gnomes in the German story bringing water, it will whelm me at last, but there are younger men just entering the outer edge of the inundation to whom the warning of my drowning cry may not come too late. We must arouse the public to the great wrong they are doing to us and to their own kindred whom they commit to our care.

In this as in many other things, what a lesson in moral courage may we read in Dr. Goldsmith's life—a life of the brightest promise, alas, too early quenched, extinguished just as we were

beginning to realize that a mind of the first magnitude was rising in our profession. When a young man, but recently appointed to the charge of the State hospital at Danvers, Mass., finding his work embarrassed and hindered by his overcrowded wards, he caused notices to be placed in the medical journals and the daily press appealing to the medical profession in Massachusetts to send no more insane to Danvers where they could no longer receive proper treatment by reason of overcrowding. It was a brave thing for the Doctor to have done, and only needed that we should all have joined in it to arouse public attention in a way that it never has been aroused to this crying evil, this wrong that to-day is being done to the insane throughout the whole United States, if not the Provinces.

In recognition of his merit Dr. Goldsmith was shortly called to the charge of another hospital, but the mantle of Elijah—at least something of the same fearless spirit—has rested on his successor at Danvers, who only the past winter detained the legislative committee on the occasion of their official visit to his hospital until evening, so that when his patients had retired he could take the committee through the wards, that by picking their way among the crowded cots on corridor floors they could learn something of the inadequacy of the provision which the State of Massachusetts had made for her insane. This was an object lesson that they were not likely to forget. Already that committee have reported a bill authorizing the purchase of a site and the erection of a hospital for one thousand insane. Courage to present the matter in its true light, that is what is needed. We want no glozing, no concealment of facts. The people, whose representatives are to vote the appropriations to build the extensions and the new institutions that may provide suitable accommodations for all of a State's insane, must know from us just what is needed now, and what annual increase of accommodations will have to be provided.

In the era that is coming men will look to the utility of the structures more than their architecture, the comfort of the inmates rather than the pride of building committees, and before the cathedral will rank the home. In this connection may I be permitted to repeat a single paragraph that I have used elsewhere. "It is time that the people and those to whom they entrust the responsibility of making suitable provision for all the insane realize that the era for spending five years in selecting a site and building a hospital for six hundred inmates, then sitting down to

congratulate themselves on such monumental work for humanity has passed. The building of accommodations at moderate cost on a scale commensurate to the daily need must be accepted as a matter of course and brought down to business methods. There is henceforward to be less laying of corner-stones with appropriate ceremonies but more ordinary brick work."

If the people demand these strict business methods in the construction of the buildings that shall shelter, will they not also insist that fitness for the work and not political influence shall determine the appointment of those who shall have the care of those insane? The National Conference of Charities and Corrections, with representatives from almost every State in the Union, at their meeting just closed at Baltimore, passed this resolution:

Resolved, "That politics should have no place in our State Charitable Institutions."

I may perhaps confess that I moved the resolution. It is time that all good men and women everywhere having the best interests of our insane and dependent classes at heart put themselves on record on this question of political influence in appointments and removals in our eleemosynary institutions, and made their voices so heard by those in authority that there shall be no mistaking their meaning or that they are in earnest about it.* When a hospital for the insane becomes a part of the political spoils and its officers are appointed mainly with reference to their efficient services in the late campaign, and when at the next election these men are rotated out to give place to another set of political healers (heelers?), if possible worst than the first, what hope is there for the institutions or their unfortunate inmates? Ward politics married to pot-house politicians and out of that union come forth lunatic *dòctors!* Heaven save the mark, and God save their patients! Representing as we do and as is right and fitting—for I would not have a superintendent divest himself of his manhood or be without an opinion on the questions of the day—representing I say all shades of belief on political subjects, but with, I hope, not a single politician among us, can we not in this stand on a common ground and unite in demanding that integrity of character and special fitness for the work rather than political services shall be the ground for hospital appointment and that efficient and

*We have just lost Dr. Richardson in this way. No, it is not we but Ohio that has lost a man that she can ill afford to lose. When a good man is turned down in that way he will still find work for humanity and do it with his might. Such a man is never lost. We shall hear from Dr. Richardson again.

faithful hospital officials shall not be removed for political reasons? When I thought to touch on this theme I did not know that the subject was to be assigned for discussion at this meeting of our Association. So I leave it here with the hope that our united voice on this question will give forth no uncertain sound, and although some of us may no longer claim canonical authority for the Propositions we may at least say amen to the resolution of the Association in 1848, when they thus put themselves on record:

Resolved, "That any attempt, in any part of this country, to select such officers," (referring to hospital superintendents) "through political bias be deprecated by this Association as a dangerous departure from that sound rule which should govern every appointing power, of seeking the best men irrespective of every other consideration."

The questions of aspects and outlook of the treatment of insanity stretch out into infinitude as we approach them, and the waning minutes warn me to confine the discussion to one or two familiar points. The new physiology of mind and the consequent new psychology are forcing themselves to the front and must shortly be discussed and will be, but by a new generation of thinkers whose more exact studies have better fitted them for that work than have mine.

The agitation at the present day of the question of special wards for the treatment of recent insanity in general hospitals, as well as of providing hospitals distinctly for acute cases of insanity, seems to me but the recognition of a want that we have probably all felt, of a study of insanity that recognizes not mania and melancholia and dementia so much as men. For the insane man has his likes and dislikes, and is capable to a certain extent at least, of enjoying himself in his own way. It is pretty well settled that he is entitled to individualized treatment, as much so as the man suffering from general disease, and if in our hospitals for the insane he is to be regarded only as an ultimate molecule indistinguishable from the great mass of insanity, the sooner he is sent to a hospital for the treatment of general disease the better it will be for his insanity, whatever may be the effect of his transfer on his fellow patients suffering from their varied ailments. The danger is, and herein lies perhaps the strongest argument for provision for acute cases in distinct hospitals, that when we have made our hospitals comfortable homes for the unrecovered cases, who make up so large a proportion of their entire population, when we have

insisted that they shall be tenderly and kindly cared for, shall have proper food and exercise and diversion, that we may forget or at least only imperfectly remember that this is not all, that the home is not the end of treatment, but that the convalescence and the going out from that home restored is what we want, that we ought to be satisfied with nothing short of that.

What shall we do that these may be saved? It is undoubtedly true that when all has been done a majority of those persons admitted to our hospitals as insane will remain permanent inmates. From the rose colored deductions from the earlier reports of our American institutions we have come to recognize the fact that recoveries will amount to only about one-third of the whole number of admissions, and we should be glad to believe, but do not expect, that even the third will remain permanently cured. Still here as in so many other situations in the world comes in the saving minority. It is the influence of the minority that is felt. Admirable as your hospitals may be as homes they would seem but sepulchres, philanthropy's saddest failure, did not the hope of recovery enter there. Hope is still the light of this world and the dream of the next. I could not carry on a hospital were not my patients looking forward to the going home restored—

"Some sweet day, by and by."

No, I do not think it best to take away all curable cases from our hospitals. Then it should be remembered that much of the "moral treatment," so-called, that makes our hospitals homelike, and lessens the discontent of those whose abiding place they become, is equally adapted to the acute and curable as to the chronic and hopeless. Hygienic occupation, as Gen. Brinkerhoff, of Ohio, has happily styled it, is the key to success in the comfortable management of the insane, acute or chronic. Have everybody employed at something, industrial or other, it does not much matter if the profit of their labor is small. Be sure if we do not employ their idle hands there is one who will. At first, the simpler the occupation the better, so it continues. It will require tact and judgment to make it a diversion, but the habit of occupation fairly established the rest is easy. Under its influence discontent fades away, noisy outcries cease, hypnotics are laid aside, and out of Bedlam we open a portal to the "chamber of peace." Relapses will occur, discouraging cases arise without number, but a measure of success is sure. With that success

comes a larger liberty of action, a greater freedom from restraint. So much depends upon the faith, the courage and the tact of those who supervise the work that we may feel justified in doubling the wages of an attendant who doubles the number of patients who undertake hygienic occupation under their direction. We hear of Knights of Labor, the guild of the eight hour movement. These men and women, our attendants, who succeed in interesting the maniac and the dement in their work, they are the true knights of labor whose knighthood gilds as with morning light the cloisters of the darkened mind, knights who in our age have given a new meaning to the old Latin—"Laborare est orare."

But however we may exalt labor, and in our means of treatment we cannot estimate it too high, we ought not to forget that a quiet dementia in which they will perchance labor and dwell happily and contentedly as in a home is not the result to be sought in a case of acute insanity; such result is but ignominious failure, the opprobrium of our medical science. To be resigned to such result is the mistake that, it seems to me, is too frequently made. For what are we to cure if not acute insanity? Looking back now over my thirty years of hospital life I am painfully conscious of too many cases of this kind, monuments to a waiting, cautious practice, lives that have drifted through what at that time seemed curable mania and melancholia into the silent sea of dementia at last, and I think that even tombstones along the line of a more active treatment might have been a nobler monument so only some of these hopeless, drifting wrecks of life had gone forth restored. Disguise it as we may, surround his life with tender beguilements and pleasant outlooks, as is fitting and proper, make his dwelling bright with smiles and sunshine from without, hide him from the world within that dwelling, still the fact remains that insanity is the most fearful disease that can befall a man, and when it becomes hopeless of recovery it were far better ended. As Emerson said, when conscious of the shadow of forgetfulness that was stealing over him, "When the man is losing his wits it is time for the heavens to open and take him away."

In view of the utter worthlessness, from a human standpoint, to themselves and to society, of the lives of the unrecovered insane, there is serious doubt of the wisdom of the waiting policy in acute and curable cases. I would say to our young men entering upon hospital work, while there is nothing so inexcusable as recklessness in medical service,

you are justified in thoroughly testing all legitimate forms of active treatment in your efforts to effect a cure in the acute forms of insanity. It will not do to let the man go down into dementia without putting forth every effort to save him from that death in life that there is reason to think may be averted in the early and active stage of his disease. I hope the coming decade may show some cures of paralytic dementia fortunately diagnosed and arrested in its nascent stage. The closer cerebral localization of the areas of motion may yet point the psychiatrist of the future with unerring finger to the seat of disease which the trephine may lay open. Brain surgery is but in its infancy; with the comparative immunity from secondary complications which the modern aseptic methods afford, in courageous, careful hands there is much to be hoped from it. Epilepsy, with any cranial depression, justifies a resort to the trephine, even years after the injury, for the danger to life from the operation properly performed and subsequently treated is but slight, while the life of an unrecovered epileptic is sadder than death. The fathers would have been justified in filling the world with slate-colored men and women had the event shown that nitrate of silver really cured epilepsy. The cure, that is what we want, and we should count all as but failure until that end is gained. Will hypnotism aid us in our treatment of mind? I do not know; try it. It probably belongs to the mere driftwood of science, but to throw to a drowning man anything is better than nothing. The French rejoice in their cures by its aid, the English have at least succeeded in hypnotizing some of their insane without the cure. I have recently heard of a well-authenticated case of the opium habit where sleep was procured by hypnotism when medicinal agents had proved powerless to produce it. Where the paroxysm of mania is traceable to ovarian irritation is Batty's operation justifiable? Insanity that is otherwise hopeless justifies anything. But would it not be well to try potassic iodide, counter irritation, active purgation, strict regimen and a few other things first? In the eyes of the modern surgeon the operation is so simple, so comparatively free from danger that womanhood is shorn away with as little compunction as were the enlarged tonsils in the times of our fathers.

Is electricity doing so much for modern science and shall it accomplish nothing for the successful treatment of insanity? Study its action on the nerve centres in both the constant and faradic current; try it and persevere in trying it on suitable cases

up to any point short of fatality. This subtle agent which seems most like nerve energy in its action may yet be made to render efficient aid in restoring that energy when it is lost. We are only in the infancy of its uses as yet, it has a great future before it in all the arts, why not in medicine? We are but in the nascent period of very many things that may make for the cure of the mind. Turkish baths, massage, movement cures, gymnasiums, forced alimentation, enforced rest, &c., &c., all are for our consideration in determining in any given case what more there is left us, what labor or device may yet avail against that disease which will else end in dementia, that living grave "where there is no work nor device, nor wisdom, nor knowledge"—only nothingness. Let us resolve to leave nothing undone. With lives, reputation, everything devoted to the best care and most scientific treatment of the insane, it is for us to decide, each man for himself, what are the legitimate modes by which we may accomplish it. And we should act with the courage of our convictions. Will mechanical restraint in the exhausting paroxysms of that mania save his life, then apply it, though all the world stand ready to denounce us as wanting in humanity and mediæval in skill. Died of the exhaustion of acute mania may mean, died of non-restraint. On the other hand, are we only heightening the suicidal frenzy of this despairing one by the very camisole with which we thought to save her life from her own hand? Then put open air exercise and the sleepless vigilance of nurses in place of the accursed thing, let us strip it off and cast it from us as if it were the robe of Nessus. No garment at all were better than this—"Is not the life more than meat and the body than raiment?" When shall we learn that the individual case is not a matter of general averages or the greatest good of the whole number. I am tired of curing the insane by statistics, which Dean Swift said were even more misleading than facts. What we want to know and to find out by careful study of the individual is, what treatment—exceptional it may be—will save that man or woman alive and bring back the mind. As experts in mental disease the case is brought to us for our best judgment and treatment, for this we are responsible to our patient and to God alone, and neither the dictum of a dead Englishman nor the clamor of living philanthropists saying "this is the way, walk ye in it," can absolve us from our responsibility. Yet are we all such creatures of habit and custom that it is easy to accept the doctrine of

general averages and forget the individual life hanging in the balance.

Hence that curious chapter of the history of restraint and non-restraint. It is perhaps within the memory of some of us, certainly of some now living, that Dr. John Conolly found the insane of England in chains, victims of routine and usage in treatment and, following the example of Pinel, by his humane teachings and practice so revolutionized public opinion in the British Isles as to make the use of mechanical restraint in England well nigh impossible to-day; a sentiment it is true, but a sentiment that is stronger than any statute law. In America, on the other hand, it is comparatively a few years only since our Association placed themselves on record in a resolution which has passed into history and been embalmed with the Propositions, a resolution in which the opinion is expressed that it is not expedient nor for the best interests of the insane to abandon the use of mechanical restraint. This too was sentiment and the outgrowth of routine and custom. To-day that resolution does not, in my opinion, fairly express the sentiment of this Association. A change has come over our American psychiatry. We have learned that labor and outdoor exercise may in a majority of cases replace mechanical restraint and seclusion to the advantage of the mental health of the patient. Recognizing this fact the Association now relegates the great mass of the restraining apparatus that was so lately in use in our hospitals to the limbo of closets and attics. May we say then that we have now come to accept non-restraint in its entirety as a dogma in our treatment of the insane? Some of us have done so and see in it a higher training of the attendant that betokens a more intelligent care of the insane; as to the individual requiring mechanical restraint, after diligent search for his whereabouts, the advocates of non-restraint are inclined to regard him as a myth. The doctrine is popular, there is no zeal like that of the new convert; accordingly in some instances the crib bed has been made an altar on which muffs, camisoles, bed-straps, all the paraphernalia of mechanical restraint have been publicly consumed in a common holocaust, an applauding crowd looking on, the superintendent in the character of high priest of reform with appropriate remarks conducting the ceremony, triumphantly leading in a new era. This too is sentiment, that at one time bid fair to become tyranny.

And yet the golden age has not fully materialized. As to each

one of us grown weary of watching for ships, which with priceless freights are being wafted over the seas, so to this old, toiling world, sin beset and sorrow laden, the millenniums that are always coming are invariably side-tracked in the transit. Somehow of late I have not heard as much of these public bonfires being used as the popular guarantee of successful hospital management; it is believed that a private crematory will accomplish all that is needed in this direction.

We claim, then, for the insane man in America, the right to the highest individualized treatment looking to his cure, and for the American superintendent the right of private judgment untrammeled by any dictum. We may rejoice that the chains have fallen from so many limbs, that where once were barred windows and bolted entrances we now have open lattices and unlocked doors; that a higher intelligence characterizes the nursing; that the importance of diversion by occupation is universally recognized; that the keynote of our treatment of the insane to-day is the maximum of care, the minimum of restraint.

For myself, I am conscious of a growing charity for methods, and a wholesome respect, not to say reverence, for individual opinions. I can admire without envy, and am content to be a follower where I cannot lead. I welcome the new era of non-restraint, with all that it has already accomplished, which is much, and what it promises for the future, which is more. When I see men and women, happy by reason of their extended paroles and freedom from all restraint in the grounds of our hospitals, I am thankful for the lessons of Pinel's life, that in the insane man Tuke saw only his brother, that the humane spirit of Conolly still walks in our wards, and for him who accepts the doctrine of non-restraint in its entirety, acts by it, and endeavors to teach men so, I have only blessing and God-speed in his work. On the other hand I hesitate to say that he is recreant to his trust or unmindful of the best interests of the insane, who protects the lives of those committed to his charge from the sudden, unprovoked assaults of delusional impulse, by placing humane restraint at times on the hands that unwillingly obey a blind homicidal impulse. When I see the exhausting frenzy of acute delirious or puerperal mania humanely restrained, either by the English wet pack or the Wyman bed strap, the crisis tided over and the life and the reason saved, I bless them also. When I see the tottering dementia of age, with features disfigured by falls in its restless helplessness, in an aimless

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way constantly striving with its attendants to rise up to renew its unsteady journey, I ask if nothing better can be done to protect than the constant holding by the hands of nurses, that, however gentle, will inevitably discolor at the point of contact, and they bring to my notice the chemical restraint, the English padded room and the American crib-bed, that I may condemn them, like Balaam of old, I cannot curse, I must bless these also, even to the much maligned crib bedstead. Results concern me more than methods. The insane man restored does not ask whether or no you restrained him, but is he saved? Has the demon in truth departed from him? But we are too prone to insist that every one shall think as we think, and do good only in the way that we have pointed out to him. Having caught but partial glimpses of the truth we arrogate to ourselves the perfect knowledge, and would fain sit in judgment upon our brother's way of doing good. And we say, "Master, we saw one casting out devils in thy name, and he followeth not us; and we forbade him because he followeth not us." And listening I think we should still hear, but that our ears are dull, the voice of the Master speaking through the ages, "Forbid him not."

It is the life, my brothers, it is the spirit in which we have lived and acted, it is the work which we fain would have done for humanity in His name, rather than these imperfect memorials of our strivings and our human weakness, that with failing hands we lay down unfinished here, by which we would hope hereafter to be judged.

SANITY.*

BY R. M. BUCKE, M. D.,
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I propose to say a few words about sanity as compared with insanity; not in the way of a formal argument and without thought of coming to any definite conclusion. My idea is simply to record a protest against a certain view which seems to be almost universal and without attempting to replace that view by another.

We superintendents of hospitals and asylums for the insane, as a necessary consequence of our calling, live in an atmosphere of mental disease. From morning till night, week after week, month by month, year in and year out our minds are, as it were, bathed in the delusions, the morbid exaltations and depressions, the hallucinations, and the diseased imaginations of the inmates of our respective institutions. When in quiet moments we set ourselves to think the chances are we occupy ourselves with some problem in insanity. Our conversation is mostly to lunatics, or about lunatics or lunacy. Among ourselves we discuss the forms, causes, and treatment of mental disease. For our reading we buy books on pathological psychology. In the course of each year each one of us covers reams of paper with letters about our patients, records of cases, drafts of special cases, reports on subjects connected with asylum management, with lectures, essays, or perhaps treatises on the same subject.

Thus insanity in all its phases and aspects becomes to us as the air we breathe; we gradually come to accept it as our proper mental habitat. Sanity we take for granted—think little or not at all about it—dismiss it as something hardly worth dwelling upon because so commonplace and matter-of-course.

But if insanity comes to be to us the one main subject of occupation, and sanity a matter requiring and deserving little or no consideration, we do not on that account rate the insane mental condition as at all comparable in importance to the sane. On the contrary we place the lunatic at an immeasurable distance below

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the sane man. We go, in this direction, as I shall show further on, far beyond what the facts of the case warrant. We are too apt to draw the line broad and strong and simply take for granted that on the whole the sane man thinks and feels correctly, and that the insane man thinks and feels incorrectly. That is to say, to assume that the sensations, thoughts, and feelings of the sane man are on the whole in accordance with the truth of things; and that the sensations, thoughts, and feelings of the lunatic are, on the whole, more or less out of accordance with the truth of things.

I propose to point out in the first place that on the whole the sense impressions, thoughts and moral states of sane men are very far from tallying the actual objective world—that in many most important respects they not only fall short of representing the truth but that often they go farther than that and furnish absolutely false representations. And that in the second place many mental states which are universally considered as characteristic of disease are in fact much more accurate reflections of the actual objective truth than are the so-called sane mental states which they replace.

The first part of my task then is to show that on several important subjects the sense perceptions, thoughts and feelings of the average sane man do not represent objective truth.

The sense of sight of a sane man informs him that the house he occupies (as well as all other houses) is a stationary object on a stationary earth, when as a matter of fact the rotary motion of the earth is carrying these houses about the earth's centre at the rate of about a thousand miles an hour, while the orbital motion of the earth is carrying them around the sun at the rate of nearly one hundred thousand miles an hour, and the revolution of the solar system about its primary is translating the same houses through space at a still greater speed. Here then is a point upon which one of our senses tells us the exact contrary of the truth.

Again, all men fear death. This is so true that the universal feeling has given rise to the aphorism "self-preservation is the *first* law of nature." Upon what is this general shrinking from death based? Is death an evil? Do we know anything about it? Is it not to our perceptions a mere blank? And is not our dread of it exactly analogous to, as infantile, and as irrational as the dread of a child of the dark? But if there is nothing after all in death which justifies our fear of it whence does this come, and why should it possess us?

There are just two possible explanations of the phenomenon in question. Either the dread *is* justified by an objective reality which although we cannot see it still has the power to reach and affect us in the way we know without revealing itself; or else the dread is not justified, does not rest upon any outside fact, but is a purely subjective phenomenon having no direct connection with the outer world. If we accept the first of these hypotheses we do so gratuitously, there is absolutely no evidence to support it—but with the second the case is quite different for the fear of death can be fully accounted for on the supposition that the feeling has absolutely no external fact tallying it. According to this view of the case the feeling under discussion is simply a result of natural selection, is in fact an artificial wall built up by selection and heredity for the preservation of the race, and not the human race only, but built up in the same way about every race which has mind enough to make the existence of such an instinct possible. For given a race the members of which are without this instinctive dread of extinction and other things being equal its chance of being preserved through many successive generations would be plainly less than would be the chance of preservation in the case of a race possessing the instinct. Or given a race some of the members of which possessed this instinct even in a slight degree while others did not possess it at all and clearly the first would in the course of successive generations supplant the second, for they would make greater exertions to preserve life and avoid death. The descendants of those having the instinct would inherit it and it would be passed on from generation to generation by heredity, and continually strengthened by variation and selection. This seems to be where the instinct came from and according to this explanation it is not justified by any external fact, but is built up through the ages by gradual accretion (in the manner specified,) is a makeshift to meet a special exigency, has no warrant in the truth of things, and is merely an instance of the adoption by nature of that jesuitical morality according to which it is justifiable to tell a lie, or to do evil, that good may come of it. For, as it appears to me, this instinct is nothing more or less than a falsehood reiterated from age to age by nature to man for his good (or perhaps at bottom for some other purpose) but with the direct object of preserving the members of the race from destruction, and the race itself from extinction.

The habitual, usual, mental attitude of men toward relatives

as distinguished from other persons presents an instance somewhat similar to the last. For there is no reason in the nature of things why I should entertain a greater affection for my own child than I entertain for the child of another person. My neighbor's children may be in every way more deserving than mine, still I care comparatively little for them; or mine may be much more deserving than his, still he cares for his own and not for mine. That being the case it is certain either that the sentiment under discussion is out of relation with external truth, or else that our habitual mental attitude towards the rest of mankind other than our own relations is not in accordance with objective fact. That is, either as toward a few members of the race or else as toward the rest of the race the average sane mind fails to take cognizance of, fails to realize our true relation.

Whatever that true relation may be our family affections have their roots in the same soil from which has sprung the fear of death—that is in natural selection and heredity. For a race without love of offspring and of kindred generally, or with these sentiments in an undeveloped state would be obviously much more liable to extermination by such natural causes as cold and starvation, or by enemies, than would be a race in which these sentiments were more developed. So also the members of a race in whom these feelings were strong would tend, in successive generations, to encroach upon and replace those other members of the same race in whom such sentiments were weaker. The more highly endowed members of the race would also transmit by heredity to their offspring their stronger family affections, and so the sentiments in question would be strengthened more and more simply because they are advantageous to the race, assisting it in that struggle for existence which is common to every race and to all time, and not at all because they were in accordance with any objective fact.

It does not however seem to me (though this point has no bearing upon my present argument) that this last case, of the family affections, is parallel to the previous case, the fear of death—it seems to me not so much an instance of *suggestio falsi* on the part of nature as of *suppressio veri*. In the case of the fear of death, indeed she frankly tells us a lie, but in the case of the family affections she deceives us by telling us only a small part of the truth—keeping back the rest until we shall show our fitness to receive it by finding it out.

Here then are three instances in which the sane mind is out of accord with the truth of things. They all illustrate the general proposition that sanity does not consist (as most people think) in seeing things as they are, but rather in seeing things as other people see them. That is (using the words in a large sense) sanity consists in being in the fashion.

But leaving special departments of thought and feeling it is more to the present purpose to show that not only does the average sane mind fail here and there to tally objective truth, but that it utterly fails and always has failed to do so broadly, and (so to say) on the whole. For presumably the outer world is a fixed quantity, and were it correctly mirrored by the mind the image so formed would be also a fixed quantity, but the contrary of this is true—for both in the individual, in groups of individuals as in nations, and still more markedly in the race at large throughout the course of its history, this image thrown in upon the mind from the outer world is in a constant state of flux and change. The outer world does not appear to the man as it appeared to the child, nor to the old man as to the young, nor to the cheerful man as to the sad; it does not appear to the laborer as to the philosopher, nor to the savage as to the civilized man; neither does it appear to the average man of to-day at all as it did to the average man of even two or three thousand years ago; and it is certain that it will not produce the same feelings and convictions in the mind of the average man of a thousand years hence as it does in the mind of the average man of to-day. Looked at in detail, in individuals, and even in nations, (taking into account only short periods of time as a few hundred years), the shifting of the image of which I speak seems a matter of chance and to mean nothing, but regarded more broadly and deeply the changes are seen to be regular and to have a deep significance.

Primeval man, from whom we are all descended, has still upon the earth in these latter days two representatives. First, the savage; second, the child. Speaking broadly and generally, the child is a savage and the savage a child, and through the mental state represented by these two not only each individual member of the race, but the race itself as a whole has passed. For as in his intra-uterine evolution the individual man retraces and summarizes in a few brief months the evolution of the human race physically considered from the initial unicellular form in which individual life began through all intervening phases between that

and the human form, resuming in each day the growth of millions of years; so likewise does the individual man in his mental development from birth to maturity retrace and summarize the evolution of the psychical life of the race; and as the individual physical man begins at the very bottom of the scale as a unicellular monad, so does the psychical man begin on the bottom round of the ladder of mind, and in his ascent of a few dozen months passes through the successive phases each of which occupied in its accomplishment by the race thousands of years. The characteristics of the mind of the savage and of the child will give us, when found, the characteristics of the primeval human mind from which has descended the average modern mind that we know, as well as the exceptional minds of the great men of history and of the present day.

The chief differences between the primeval, the infantile, and the savage mind on the one hand and the civilized mind on the other, is that the first (which I shall call for the sake of brevity the lower mind) is wanting in personal force, courage, or faith, and also in sympathy or affection; and that it is more easily excited to terror or anger than is the second or civilized mind.

There are of course other differences than these, between the lower mind and the higher, differences in intellect, and even in sense perceptions; but these, though great in themselves, have not the supreme significance of the basic, fundamental, moral differences just mentioned. The lower mind then lacks faith, lacks courage, lacks personal force, lacks sympathy, lacks affection; that is (to sum up) it lacks peace, content, happiness. It is prone to the fear of things known, and still more to vague terror of things unknown; it is prone to anger, rage, hatred; that is, (to again sum up) to unrest, discontent, unhappiness. On the other hand, the higher mind (as compared with the lower) possesses faith, courage, personal force, sympathy, affection; that is it possesses (relatively) happiness. Is less prone to fear of things known and unknown and to anger and hatred, that is to unhappiness.

The statement thus broadly made does not seem at first sight to mean very much, but in fact it means almost everything; it contains the key to our past, our present and our future; for it is the condition of the moral nature (thus briefly adverted to) that decides for each one of us, from moment to moment, and for the race at large from age to age, what sort of a place this world in

which we live shall appear to be—what sort of a place it *is* indeed for each one of us. For it is not our eyes and ears, nor even our intellects, that report the world to us; but it is our moral nature that settles at last the significance of what exists about us.

The members of the human race began by fearing much and disliking much, by loving or admiring little, and by trusting still less. It is safe to say that those earliest men of the river drift, and the cave men their successors, saw little beauty in the outer world in which they lived, though perhaps their eyes, in most other respects, were fully as keen as ours. It is certain that their family affections (as in the case of the lowest savages of to-day) were, to say the least, rudimentary; and that all men outside their immediate family were either feared, or disliked, or both. When the race emerges from the cloud-covered past into the light of what may be called inferential history the view men took of the government of the universe, of the character of the beings and forces by which this government was carried on, of the position in which man stood to the governing powers, of his prospects in this life and after it, were (as in the case of the lower races of to-day) gloomy in an extreme degree. Since that time neither the world nor the government of the world have changed, but the gradual alteration in the moral nature of man has made it in his eyes a different place. The bleak and forbidding mountains, the awe-inspiring sea, the gloomy forests, the dark and fearful night, all the aspects of nature which in that old time were charged with dread, have in the place of it become clothed with a new and strange beauty. The whole human race and all living things have put on (in our eyes) a charm and a sacredness which in the old times they were far from possessing. The governing powers of the universe (obedient to the same beneficent influence) have been gradually converted from demons into beings and forces less and less inimical, more and more friendly, to man; so that in all respects each age has interpreted the universe for itself, and has more or less discredited the interpretation of previous ages. In what sense, then, can it be said that the sane mind represents the world as it is, while the insane mind differs from the sane by failing to do so? Which is the correct interpretation which the sane mind gives? or rather, what mind, of all the vast diversity of the past and present, in all this long series, represents the standard of sanity? Let us see. Let us consider for a moment our spiritual genealogy, and dwell on its meaning. Our immediate

ancestors were Christians. The spiritual progenitor of Christianity was Judaism. Judaism having its beginning in the Abrahamic tribe, (a twig of the great Semitic branch of the Caucasian race stock), sprang directly from Chaldean polytheism. Chaldean polytheism again in its turn was a development in direct descent of the Sun and Nature worship of the primitive undivided Caucasian family. This Sun and Nature worship again no doubt had its roots in, and drew its life from, the initial Fetishism, or the direct worship of individual earthly objects. In this long descent (although we apply different names to different parts of the continuous series, as if there were lines of demarcation between these different parts) there has been no break, and in all the thousands of years never such a thing as a new departure. In these spiritual matters the maxim holds as true as it does in physics and geology, the maxim, namely, that *natura non facit saltum*. The whole affair is a simple matter of growth strictly analogous to the unfolding of the branch from the bud, or of the plant from its seed. As has been well said: "For religion being one of the living products of humanity, must live, that is, must change, with it."* And on last analysis it will be found that under the vast diversity of external appearance, from Fetishism to Christianity—underlying the infinite variety of formulas, creeds and dogmas resumed under the five heads specified—the essential element upon which all else depends, which underlies all and is the soul of all, is the attitude of the moral nature. And all changes in the intellectual form and outer aspect of religion are as obedient to the successive changes taking place in this as are the movements of the hands and wheels of the watch to the expansive force of its mainspring. The external world stands fast, but the spirit of man continually grows—and as it does so its own vast Brocken shadow, (thrown out by the moral nature but shaped by the intellect), which it projects on the mist of the infinite unknown necessarily (like a dissolving view) changes and changes, following the alterations in the substance (that is, the soul of man) which gives shape to the shadowy phantom which plain folk call their creed, and which metaphysicians call the philosophy of the absolute.

But in thus interpreting, from age to age, the unknown universe in which we live, it is to be observed that we are (on the whole) constantly giving a better and better report of it. We attribute

* La religion étant un des produits vivants de l'humanité, doit vivre, c'est-à-dire, changer avec elle.—Renan—*Etudes d'histoire religieuse.*

to our gods (as the ages pass) better and better characters, and we constantly expect at their hands better and better treatment, both in the present life and after death. That means (of course) that the quantity of trust or faith which we possess is steadily increasing and encroaching upon its opposite, fear, which is as constantly lessening. So equally it may be said of charity, sympathy, or affection, that the constant increase of that faculty is steadily changing to us the aspect of the visible world, just as the growth of faith is altering the image we form for ourselves of that greater world which is invisible. Nor is there any indication that this double process has come to an end, or that it is likely to come to an end. But if it does not cease how glorious a world will that be in which our descendants, thousands of years from now, will live.

But, as said before, the real world (as far as we know) does not change—that being so which of all this infinite series of reports of it are we to accept as the true one? I cannot think myself that the universe is so constructed as to necessarily conduct the human race into a fool's paradise. Neither can I think that (all time, the world over) the best and greatest men and women are the least wise (for the best and greatest men and women are those who have thought the most good and least ill of God, of the world, and of man). I am therefore compelled to conclude that that account of the universe which is the most favorable is also the least inexact.

If this view be well founded it follows that the actual fact (whatever it is) justifies a still more hopeful condition of mind than has ever so far been reached by the most cheerful, the most sanguine, men even in their happiest moments.

It is unnecessary to extend the argument further. It is sufficient for my present purpose that I have specified four points at which the sane mind and external fact fail to meet. These four points are—1st. The sane mind tells us that we are standing still, while in fact we are constantly moving through space with extraordinary velocity. 2d. The sane mind includes among its functions a strong instinctive fear of death, when in fact, as far as we know or can infer, there is nothing involved in dying that justifies any such feeling. 3d. The person of sane mind has a greater affection for his own immediate kindred than for that of other persons, though (on the average) it is obviously impossible that this preference can be justified by the fact, that is, by corresponding superiority of any kind which would make such greater affection accordant with ob-

ancestors were Christians. The spiritual progenitor of Christianity was Judaism. Judaism having its beginning in the Abrahamic tribe, (a twig of the great Semitic branch of the Caucasian race stock), sprang directly from Chaldean polytheism. Chaldean polytheism again in its turn was a development in direct descent of the Sun and Nature worship of the primitive undivided Caucasian family. This Sun and Nature worship again no doubt had its roots in, and drew its life from, the initial Fetishism, or the direct worship of individual earthly objects. In this long descent (although we apply different names to different parts of the continuous series, as if there were lines of demarcation between these different parts) there has been no break, and in all the thousands of years never such a thing as a new departure. In these spiritual matters the maxim holds as true as it does in physics and geology, the maxim, namely, that *natura non facit saltum*. The whole affair is a simple matter of growth strictly analogous to the unfolding of the branch from the bud, or of the plant from its seed. As has been well said: "For religion being one of the living products of humanity, must live, that is, must change, with it."* And on last analysis it will be found that under the vast diversity of external appearance, from Fetishism to Christianity—underlying the infinite variety of formulas, creeds and dogmas resumed under the five heads specified—the essential element upon which all else depends, which underlies all and is the soul of all, is the attitude of the moral nature. And all changes in the intellectual form and outer aspect of religion are as obedient to the successive changes taking place in this as are the movements of the hands and wheels of the watch to the expansive force of its mainspring. The external world stands fast, but the spirit of man continually grows—and as it does so its own vast Brocken shadow, (thrown out by the moral nature but shaped by the intellect), which it projects on the mist of the infinite unknown necessarily (like a dissolving view) changes and changes, following the alterations in the substance (that is, the soul of man) which gives shape to the shadowy phantom which plain folk call their creed, and which metaphysicians call the philosophy of the absolute.

But in thus interpreting, from age to age, the unknown universe in which we live, it is to be observed that we are (on the whole) constantly giving a better and better report of it. We attribute

* La religion étant un des produits vivants de l'humanité, doit vivre, c'est-à-dire, changer avec elle.—Renan—*Etudes d'histoire religieuse.*

to our gods (as the ages pass) better and better characters, and we constantly expect at their hands better and better treatment, both in the present life and after death. That means (of course) that the quantity of trust or faith which we possess is steadily increasing and encroaching upon its opposite, fear, which is as constantly lessening. So equally it may be said of charity, sympathy, or affection, that the constant increase of that faculty is steadily changing to us the aspect of the visible world, just as the growth of faith is altering the image we form for ourselves of that greater world which is invisible. Nor is there any indication that this double process has come to an end, or that it is likely to come to an end. But if it does not cease how glorious a world will that be in which our descendants, thousands of years from now, will live.

But, as said before, the real world (as far as we know) does not change—that being so which of all this infinite series of reports of it are we to accept as the true one? I cannot think myself that the universe is so constructed as to necessarily conduct the human race into a fool's paradise. Neither can I think that (all time, the world over) the best and greatest men and women are the least wise (for the best and greatest men and women are those who have thought the most good and least ill of God, of the world, and of man). I am therefore compelled to conclude that that account of the universe which is the most favorable is also the least inexact.

If this view be well founded it follows that the actual fact (whatever it is) justifies a still more hopeful condition of mind than has ever so far been reached by the most cheerful, the most sanguine, men even in their happiest moments.

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jective truth. And 4th. It is a fair inference, from what we know of the development so far of the human mind, that the sane intellect, and (still more markedly) the sane moral nature, fail now and always have failed to do justice to the universe at large—the fact seeming to be that the external world is much more favorable to us, is, so to speak, much better than we have ever believed it to be; that our hatreds and fears are always unwarranted, and are in their nature pathological, *ab initio;* and that our faculties of trust and affection are so ridiculously short of what our surroundings, (properly understood) demand, that they can only be considered as rudimentary.

No sane mind of which we have any knowledge represents or tallies the outer world, and if we suppose a person whose mind should do so such person would undoubtedly, on all hands, be considered a lunatic. And not only so, not only would such hypothetical sane person be considered a lunatic, but as a matter of every day fact we have each of us in our asylums hundreds of patients whose minds are in some direction in closer accord with reality than are our own, and in these very points we adjudge them to be insane. Patients for instance who imagine themselves flying with incredible speed through space; patients who have no fear of death; and patients (as some paretics and some cases of acute mania) the preternaturally exalted condition of whose moral nature leads them to imagine themselves living in a world of fabulous glories and beauties, in which they have supreme power and authority.

After all it was not without reason and deep insight that our Aryan forefathers derived from the same Indo-European root—*man*, to think—the words that in Sanscrit, Zend, and Greek* meant spirit, intelligence, imagination, prudence, pride, genius, the soul, councillor, prophet, and from the same root the words mania and maniac.

Doubtless there was more truth in the old idea of a special connection between mania and spiritual illumination than we prosaic moderns are apt to think. And the reasoning of Plato in the Phædus—the contention for the innate superiority (from some points of view) of madness over—sanity is not yet altogether obsolete.

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Greek. Mentor—councillor. Mántis—prophet. Metis—prudence. Ménos—courage, the soul.

THE RELATION OF ATTENTION TO HYPNOTIC PHENOMENA.*

BY CHARLES W. PAGE, M. D.,
Medical Superintendent, Danvers Lunatic Hospital, Danvers, Mass.

Occupied as our minds usually are with a constant succession of familiar daily experience, we are seldom reminded of the obscure origin of our thoughts, or the hidden spring of our actions, and quite naturally place implicit reliance upon our supposed knowledge of self.

Yet a critical examination will reveal to us that a greater part

ERRATA.

For phenomena, page 36, line 34, read phenomenon.
For phenomena, page 37, line 13, read phenomenon.
For then, page 41, line 16, read there.
For looses, page 41, line 17, read loses.
For instructive, page 41, line 39, read instinctive.

tion for centuries, and the problems involved have been the fruitful theme of unlimited speculation, but a correct solution was impossible as long as the peculiar mental condition exhibited was attributed to the operation of some influence or force external to the person affected.

Theory after theory has been offered, explanation has succeeded explanation; all of which had their early days of apparent triumph and later ones of absolute failure; and none of which were ever estimated at their true value until brought together and so grouped that a broad basis of experience was presented for the purposes of comparison.

A brief history of a few prominent theories will illustrate the weakness of the whole series, and point to the conclusion that the

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Yet a critical examination will reveal to us that a greater part of our experience is essentially mysterious, and that we are borne onward by strong undercurrents of force and feeling which provide the very framework of our character. The phenomena of hypnotism afford evidence that such is the case.

The morbid conditions of mind and body which are so pronounced in hypnotism have been co-extensive with human experience. Through periods of ignorance and superstition, as well as in various stages of civilization, the same manifestations, varying only as the mental furniture of the persons affected has been dissimilar, have constantly developed with a persistency attaching only to universal natural laws. This subject has attracted attention for centuries, and the problems involved have been the fruitful theme of unlimited speculation, but a correct solution was impossible as long as the peculiar mental condition exhibited was attributed to the operation of some influence or force external to the person affected.

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prime requisite for hypnotic effects must be some mental condition personal to the one affected.

It is interesting from another point of view to trace the rise and fall of successive theories which have been brought forward from time to time, in explanation of the marvelous in human conduct. They furnish an index to the progress of rational intelligence, since the changing conceptions regarding the cause for such manifestations represent the mental development or degree of positive knowledge of the various people entertaining them. The principle upon which hypnotic conditions develop is so blended with man's emotional nature that religious experience and medical practice have always been confounded with it. Especially is this true of primitive races of men. The tyranny incident to the rites of false religion, necromancy, sorcery, charm-medicine and witchcraft sprang from hypnotic effects arising from ignorant belief in the personality of all malign influences. A people who could regard no exhibition of natural force without investing it with certain attributes of mind and disposition could but experience a profound mental disturbance with corresponding physical effects, when surprised by natural phenomena of a striking character. They would naturally refer their unusual subjective sensations to the objective foreign agent. Such an attitude of mind would certainly induce the first stage of hypnotism, in which reason is crowded out by the force of undercurrents of feeling. It is no marvel that with such a flock the words of the priest could produce physical suffering, or cure diseased conditions. As more intelligent conceptions of natural law and man's relation to the world about him gradually displaced ignorant ideas on the subject, the priests lost their monopoly in juggling with morbid mental and physical action, and laymen entered the inviting field. Many of these men achieved distinction in curing disease, upon the claim of a Divine Commission, but virtually through their ability to induce the hypnotic condition. When in the course of time the notion that the forces of nature were constantly subject to the caprice of a Higher Power was discredited, and the relation of cause to effect came to be more clearly apprehended, fixed laws were vaguely understood, and pseudo-scientific theories were advanced to explain the conditions of health and the cause for disease.

The old alchemists gave the subject a new coloring. They found in the magnet some portion of a vast force which, in their opinion, regulated the universe. They saw iron take up the same

force by mere contact with the magnet, and that under all circumstances this force attracted or repelled other metallic substances, according to laws of polarity. They argued from this that health and disease were conditions of polarity, and that disease might be conducted from the person to the earth by the proper application of mineral magnets.

This mental preparation embodied all that was necessary for the success of magnets, and so it came about that they were used in curing disease, and with a large measure of success, for a period of more than two hundred years, before the birth of the celebrated Mesmer. Mesmer began his career with unqualified faith in the theory of terrestrial magnetism. Acting upon this idea he devised metallic plates, which he applied to his patients with a view to protect them from the varying conditions, the ebb and flow, of this fluid or force, which he believed to be everywhere present. With patients who received such an impression this mode of curing disease was a practical success, and Mesmer was satisfied that his genius had forever settled the question. In later years, however, he discovered that his patients obtained the same remedial benefit without the magnetic plates, provided he counterfeited their application by passes, or the repeated movement of his hands upon the patients. This surprising aspect of the case prompted him to revise the prevailing theory of terrestrial magnetism, and he soon advanced a fresh one—that of animal magnetism—which seems to have been well calculated to harmonize his observations, personal experience and unbounded conceit. While acting upon his second theory the success he met with in treating diseases earned for him a wide-spread and lasting reputation. Mesmer's experience shows that his theories failed to comprehend the fundamental principles upon which success depended. Both his theories were practically substantiated for the time being, yet neither shed any light upon the hypnotic process.

Imitators by the thousand have adopted Mesmer's ideas upon this question, and followed his practice with more or less success. Many other novel methods of producing striking effects upon the physical system of man have been stumbled upon, and each has met with success when the mind of the patient was earnestly engaged. That the mental attitude of the individual determines the success or failure of occult methods of influencing the mind and body, ought to be established by the history of Perkins' Tractors.

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At a time when public interest had been widely aroused by exciting newspaper statements that Prof. Galvani, by the use of two metallic rods in connection with muscular tissue, had discovered a new force, Dr. Perkins invented his tractors, and placed them upon the market with the assurance that "galvanism" would flow through the parts of the body lying between the two points of the tractors when they were drawn over diseased surfaces.

The time being ripe, and the tide of interest being favorable, the most amazing success immediately followed.

As long as a credulous public saw no flaw in the theory of Dr. Perkins, the tractors grew in popularity and power, and at one time seemed likely to revolutionize the practice of medicine.

The opposition raised against them by the medical profession increased their power by intensifying the feelings of an interested public. As soon, however, as the fallacy of Dr. Perkins' claim had been sufficiently demonstrated by the success of sham tractors which had been secretly substituted in treating some conspicuous cases, the genuine article lost its vaunted power to cure disease as rapidly as a wave of common sense could spread among a fairly intelligent people.

An immense collection of historical data on this general subject, and all of the same tenor when carefully sifted, had accumulated when Dr. Braid began his investigations in 1841.

He soon noticed that a mental preparation—a suitable poise of thought—was the essential feature in all automatic or unconscious manifestations of mental and physical action in hypnotic subjects. He introduced scientific methods of procedure, and thoroughly divested the subject of its traditional nonsense.

He became satisfied that the phenomena pertain to a definite condition of the nervous system which closely resembles natural sleep. He found that the hypnotic form of sleep overcomes persons through the use of methods entirely independent of magic, supernatural, or other influences external to the person affected.

He instituted the practice of fixing the gaze in producing the sleep, and clearly established the fact that hypnotism can be induced by suitably engrossing the attention of the subject in connection with the special sense organs, especially that of vision.

He also traced the mental and physical phenomena which follow when a hypnotee is "willed" or directed to talk and act in some definite manner, to the result of suggestion—or conveying a lead-

ing idea to the mind or brain of the subject in such manner that it re-awakens a train of associated ideas which have at some previous time passed through the mind of the hypnotee.

Although Dr. Braid's theory does not penetrate to the ultimate analysis of the phenomena, it goes deep enough into the mechanism to enable us to bring order out of a long list of erratic human performances, hitherto unexplained. It aids us in classifying exhibitions of mysterious power and social convulsions, concerning a large number of which there are abundant historical accounts. It divests oracles, relic, shrine, faith and mind cure medical practice, mesmerism, spiritualism, &c., of their fictitious claims.

Later observers of hypnotism who are working on Dr. Braid's theory of suggestion have clearly established the fact that there are varying degrees of the hypnotic condition, ranging from a slight disturbance of the normal mental balance through a stage of unconscious activity to one of profound stupor.

A mild stage may be experienced while the reasoning powers are faintly active, but in the complete stage all activity, both mental and physical, is below the plane of conscious, or rational direction, and cannot be brought to mind when the hypnotee has returned to normal consciousness.

In the automatic stage of hypnotism, thought and movements are prompted from an unusual source, and while the whole operation seems to be entirely sub-conscious, the ideas brought into a train of association as expressed or acted upon, are so registered in the nervous system that they can be remembered or recalled when a precisely similar hypnotic condition is again experienced by the individual.

Through a very simple process, like fixing the gaze, a profound disturbance of the ordinary mental mechanism results. Feelings and thought are deprived of their proper guide, the rational faculties.

Some new self-asserting master takes command of the attention—concentrates it upon new lines of action and the most abject mental helplessness results. Such a temporary annihilation of the higher mental faculties as appears in hypnotism would seem to be a difficult one to inaugurate, and yet it readily ensues in many persons as one result of pre-engaged or expectant attention.

If the phenomena of hypnotism arise from the power of attention disassociated from rational faculties we must study the character and scope of attention in relation to mental and physical

action before we can obtain much light as regards the nature and laws of its operations.

Our conception of attention arises from a study of phenomena which are deeply wrapped in obscurity, therefore it is impossible to give a satisfactory definition of the term. But a careful analysis of certain objective and subjective evidence will discover many laws concerning the relative position and importance of attention in animal actions.

There exists some degree of inherent vital force in all living matter, and the lowest forms of animal life give evidence that this force is individual. These minute animals not only possess this force, but they have such control over it, that it can be made to act with extra vigor at such points within the organism as may be required to accomplish a special purpose on the part of the animal. By exercising this native, inborn faculty, masses of mere jelly-like substance, alter their configuration and exhibit in this manner the simplest mode of locomotion.

This act of self-adjusting the individual vital force may be called organic attention. While this action is shrouded in obscurity it is based upon a principle which is embodied in every act, mental and physical, of animal beings. In primitive forms of the animal kingdom, where no special vital organs are found, it does not rise above organic attention, and the mechanism of its operation appears to be extremely simple. The internal vital force is concentrated at one point, focused within the body in response to some irritation or stimulus, and as the limiting envelope of the animal is flexible, a new adjustment of the whole body follows.

No mental faculties can be ascribed to a class of beings so low in the scale of development, still the hidden power of organic attention insures for them the capacity to secure food, to avoid sources of irritation, and to accomplish a certain round of life-work.

Should this adjustment of inherent vital force to given ends, which originates in the pre-mental order of animals be regarded as the strongest sensation merely, it must be admitted that while it retains the same fundamental qualities under all circumstances, attention assumes in the progress of development a more important office in bringing events to pass.

Throughout the whole series of animal beings in every act, a similar faculty with gradually expanding power of application, is apparent.

Where a nervous system exists the energy which attention generates inheres to the cells and fibres of that system, and as the arrangement of this nervous apparatus becomes more complex, as successively higher centres are developed, each having control over groups of a lower series, attention becomes expanded or divided in its application.

In animals of every grade, including men, the system of organic nerves, those which regulate vital processes, the circulation of the blood, &c., remains within the exclusive grasp of the organic attention.

With animals having a nervous system composed of several specialized departments, and a large number of muscles arranged for systematic action, acts of every sort are seldom if ever simple units of motion, but each movement is the sum of several minor ones, co-ordinated or compounded into group action, to accomplish that which to the higher mental faculties seems a simple purpose.

The nervous system with its central—and sub-divisions, its subordination of lower to higher centres, amply provides for such concerted action. But in order to coalesce, or bring into harmonious movement the different lines and degrees of force, a due volume of organic attention must attach to all interested nerve centres simultaneously or successively in exact order.

Here a new aspect of attention comes into view.

Organic attention is competent to accomplish such intricate tasks, to select the nervous elements requisite to form original combinations of primary motion, and arouse in them exact degrees of molecular action, provided it receives guidance or supervision from some superior controlling force.

In will power we recognize such a competent superior force or designing authority.

Every moment of our wakeful lives can prove the fact that an act of volition, or the exercise of the will power, stimulates functional activity in motor centres, and institutes pre-determined movements. But will power is entirely dependent upon the use it can make of attention, and we can understand the operation only when we recognize two orders of force, or two forms of attention.

When attention acts spontaneously without restraint or guidance from the will power—we class it as organic attention; but when it acts in obedience to the superior mental faculties or the intelligent will, we regard it as rational attention.

If, as seems probable, these two forms of attention are but different manifestations of the same force—the rational being a milder or fainter degree than organic—still their relative sequence in events, the different manner in which they act, and the widely varying results which they produce, compel us to recognize the instrumentality of each in all acts of a voluntary character.

While the will power, or rational attention has the sole ability to project intelligent effort, it is not the potential factor of causation in muscular movements. Rational Attention cannot single out by their nerve centres the individual muscles involved in movements of the body or limbs.

It cannot discover, and bring into consciousness, the internal mechanism engaged in giving expression to the human voice. It prefigures the event. It assigns the task to be undertaken. If looked for results are not forthcoming it can enforce some discipline by way of repetition, but beyond giving the right impulse, and viewing the outcome, it takes little or no part in performing the act. If a given tone, or note in the musical scale is to be sounded, rational attention fastens upon the auditory nerve apparatus rather than upon the nerve centres for moving muscles in the throat, chest, &c. With such a cue the enjoined organic attention stimulates the entire chain of nerve centres for harmonious muscular action.

By such a process of divided attention the tone actually emitted by the voice and transmitted to the auditory centres by the incarrying special sense nerves, can be compared with a revived experience of the desired tone as heard by, and registered in, the nerve centres at some earlier period.

Other illustrations could be adduced if necessary to support the claim that organic attention does the greater part of the work in all physical actions; that it can be trained to execute most complicated movements, and that rational attention can incite, supervise and modify to some extent the application and force of organic attention. When an association of muscular movements has been once definitely and satisfactorily established, re-excitation of the involved series of nerve centres becomes comparatively easy, and repetition, or habit, reduces such actions to the grade of simple movements, to execute which organic attention has ample capacity requiring only the merest impulse from the rational attention.

As a matter of fact a greater degree of precision results when

movements which have been previously and correctly executed, are unconsciously performed by the automatic capacity of organic attention.

The wonderful adaptation of means to an end which depend upon pure instinct in animals is evidence in favor of this.

In the normal mental condition of man more exact repetition of movements can be obtained when trusting fully to the force of organic attention.

Having confidence in one's ability to perform an act means simply that organic attention has free scope. In the spontaneous, morbid condition known as somnambulism, the rational attention is wholly in abeyance, consequently organic attention can accomplish its most perfect work.

In this condition when the individual is prompted to repeat that which is familiar, or perform a series of acts he can follow the previous line of experience, or path of associations with almost mathematical accuracy, and easily perform many things which it were practically impossible for him to do were his actions hampered by interest or anxiety on the part of his higher mental faculties.

Conscious timidity or fear with regard to one's power in relation to any action detracts from the directness and force of attention. It divides or balances the attention and can but stimulate molecular activity in centres which lead to movements of opposite character. The man who knows not, or considers not, fear—can stand on the most perilous and dizzy height, because his attention, being fixed and stable, gives the same character to his muscular system. But he who fears a fall actually invites one. He instinctively stimulates some degree of nervous energy in nerve centres which by their relation to groups of muscles are calculated to oppose the stability of those muscles which keep him erect and steady.

All muscular movements ultimately depend upon the stimulation of appropriate nerve centres by a vital force which we recognize as organic attention. This force is primarily automatic and instinctive, but is subject in some degree to rational attention, or the power of volition.

This classification of organic and rational attention is practically recognized by our division of the nervous apparatus into the voluntary and involuntary system. The involuntary, or sympathetic system is so distributed to the heart, arteries, viscera, glands,

&c., and so endowed that physiological activity of the entire body is under its control.

As in the lowest exponent of animal beings so in man even, organic attention can modify any of the vital functions in the whole body through this system of nerves. While rational attention cannot exert any direct power over such processes, it can make some use of organic attention and by persistent effort succeed in affecting the physiological processes.

The necessity for this division of lower, or separate offices, is plainly evident. Were rational attention absolute master of the whole energy resident in the body physiological functions would be in danger of momentary interruption. Sleep would be equivalent to death. Moreover, were every movement dependent upon a conscious application of rational attention, the effort to perpetuate life would become too burdensome for existence.

But wonderful advantages spring from the ability vested in rational attention to guide or influence the application of organic attention and thus govern in some degree physiological action. By virtue of this capacity we can mould the physical basis of our higher mental life and give significance to the term education.

Man is more than a self regulating machine. Besides the physical mechanism and inherent force which keeps the machine in running order for a term of years he has power within himself to so modify the machine that new work can be constantly turned out. When we take into consideration to what an extent our physical well being and mental integrity depend upon the accurate adjustment of the circulation of blood to anatomical parts we realize more fully the importance of this vital mechanism.

A careful analysis of the phenomena of blushing will disclose the principle upon which attention acts in changing the blood supply of a given part. Blushing is a purely involuntary act and a pure example of the power of organic attention.

By no direct effort of the will can we produce the genuine phenomena, or prevent its appearance when occasion calls for it. Rational attention cannot reach the nerves immediately concerned in the act, and besides it does not muster sufficient force to produce such decided modification of physiological action.

To do this, to concentrate the adequate volume of organic attention upon the associated nerve centres, requires the presence of some strong emotional self-feeling, which is always associated with organic attention. A wrong doer does not blush when simply

conscious of his guilt, nor can he blush if he desires to do so. He does not give such proof of smitten conscience when in solitude and darkness, nor as long as the fact of his evil doing remains a secret. The only direct bearing that rational attention can have on the act of blushing is to add fuel to the flames. This is the natural result when the blush is anticipated and dreaded. In such a state of mind the organic attention will be the more completely centralized, and the corresponding exaggeration of self-consciousness can but heighten the accompanying physiological disturbance. The case is a parallel one with that of the man standing on the edge of a precipice, who, fearing to fall involuntarily increases the tendency to fall.

The phenomena of blushing not only demonstrates that organic attention can produce the most striking physical effects by instantaneous variation of the circulation, but it shows that it instinctively selects the appropriate nerve territory. When the mind contemplates cold intellectual thoughts only, our personality seems to centre within the head; when self-feeling or emotion occupies consciousness the ego descends to the breast, but our personality, as it relates to other persons is naturally located on the exposed features, or in the countenance. There is good reason for this, as we expect that the evidence revealed in our tell tale faces will enable others to read our inmost thoughts, fathom the motives which actuate our conduct and determine our character or the sum of our habits. And so, whenever a sensitive person is surprised by the sudden appearance of one whose good opinion is desired, or recoils from a dreaded and impending judgment with regard to faults or wrong conduct, the organic attention unhesitatingly centres in the face or the nervous apparatus connected with it, and the ensuing physiological blush cannot fail to appear.

Although rational attention is prevented by its natural limitations from direct participation in the act of blushing, a way has been provided by which its office as a superior power can be manifested. When rational attention selects a train of thought entirely foreign to the act of blushing, and persistently keeps such in mental view, the whole drift of attention will be turned into new channels, and as organic attention is drafted away from the facial region the physiological blush gradually subsides. By exercising the rational attention in this way the force of organic attention can be successfully directed or even antagonized in well-disciplined minds. In the main such is the scheme of inhibition.

Organic attention always carries or imparts a positive force which can produce but one result, physiological activity, yet results corresponding to every variety of purpose can be obtained by adjusting the volume of organic attention bestowed upon appropriate sections of the nervous apparatus. By regulating the volume, point of time and duration of application, of this force, every shade and character of results can be regulated to a nicety. Just as ingeniously contrived machinery, with cylinders, pipes, valves, pulleys, &c., can be used to convert the force of constantly expanding steam into a thousand and one ways of serving man's purpose, so the rational faculties can secure the action of organic attention at such points within the organism that the final action will accord with the ideal purpose. There is no occasion for the use of special inhibitory nerve centres as long as the muscular system is composed of flexor and extensor muscles, or as long as the rational powers perform their proper office in regulating the application and force of organic attention. By virtue of this capacity to incite and modify the impulse of organic attention, rational attention manifests its highest attainments in determining the train of ideas or mental associations to be entertained and cultivated on this high plane of action, however the original characteristics of the two forms of attention can be traced.

It appears evident that organic attention can arouse physiological activity in nerve centres, and we can but infer that sensation, the unit of consciousness, is in some way dependent upon the same functional activity or agitation of the nerve elements. If "feeling is a state in the organism" it must of course be a state in the nervous matter, and action in the nervous matter depends upon the quantity and quality of blood supplied.

The facility with which organic attention produces a blush or pallor in the countenance warrants the supposition that it is capable of regulating the circulatory changes incident to fleeting emotions even. Beyond appreciating that intensity of feeling corresponds with degree of activity, our knowledge concerning active states in the organic nervous system is extremely vague. Sensation, pure and simple, pain, hunger, thirst, &c., are but indefinite terms, depending upon primary activity in the organic nervous system. While the classification of the higher order of our feelings assumes a reference to their origin it does not reach back of the field of their manifestations.

Doubtless the vast sea of feelings which we call emotions depends

upon activity in the ganglionic centres of the great sympathetic nerve system, the system under the exclusive control of organic attention.

For this reason we are able to identify the emotions, the massive self-feelings, only by employing a term descriptive of the train of thought, or the sentiment, associated with the otherwise indefinite personal feelings. No exact classification of feelings is possible until we reach those which arise in connection with nerves having differentiated peripheral elements, as in the case of special senses.

Below this plane organic attention is the primary controlling force, and the feelings which arise in this field come into consciousness only when brought into association with some phase of rational attention. Such a relation ensures the voluntary recall of that side of the feeling, but not the action back of it.

In dreaming and hypnotism, unless the subject be aroused while the process is active, unless a connecting thread of association with the thought or act be brought over into consciousness the rational attention has no clue to work upon and cannot recall it. If it is recalled it comes by accident or from the unappreciated interest of organic attention, which if properly impelled can revive any and all experience in its department.

If we accept the hypothesis that the higher range of thought can be resolved into acts of establishing the relations between feelings and groups of feelings, and that all elaborated feelings can be traced back to primary ones which depend upon a special state in the nervous matter, we can easily conjecture what constant relations organic and rational attention bear to the mental process.

Organic attention is always active, but in bringing the relations between feelings into consciousness its activity is a subordinate mechanical one. But having been once carefully trailed along a particular track in the nervous centres for muscular movements, speech, hearing, &c., it can thereafter make independent trips along the same route.

When the physical type of the idea is once blocked out clearly it becomes a part of the mental equipment. And whatever the mind has thus assimilated can be revived by the action of organic attention, provided an impulse on the right line be given.

Our mental and physical acts for the greater part are carried forward in this way. The rational attention is chiefly engaged in cataloguing new experience and elaborating the relations of such

to accumulated stores of past experience, so when a special act is to be repeated, or a particular train of ideas revived, rational attention does scarcely more than offer suggestions to the organic executive agent.

In the temporary abeyance of his reasoning faculties, then, man may become an intelligent automaton, and there seems to be little cause for astonishment that such an automaton should, when the normal source of guidance and restraint fails, receive and act upon impulses or suggestions given by an external and unusual agent.

This is the peculiarity of the hypnotic state, in which the rational attention is mechanically incapacitated through some irregular phase of sleep, or some anomalous state of the circulation, while the organic attention in the early stages of the condition is doubly sensitive to some classes of suggestions.

The obscure process by which rational attention is dethroned in hypnotism bears a close analogy to the operation of natural sleep. Normal sleep is characterized by inactivity of the special senses and the rational faculties. Exhaustion of the nervous protoplasm is not the essential requirement in producing this condition, but the faculty for receiving, assorting and recombining sense impressions must be arrested. As this process advances rational attention seems to dissolve away and the vital forces rapidly sink into a state of natural equilibrium throughout the body. As activity of organic attention in connection with the cerebral centres subsides, the extra quantity of blood which has been flowing to, and surging within, the brain and nervous system falls to its level in the circulatory system.

While a person is in the condition of natural sleep a strong impression made upon a special sense organ, like sound to the ear, or light to the eye, will so disturb and concentrate organic attention in the cerebral centres for the special sense irritated that an increase of blood will be determined to that centre. The same effects must also follow when a strong organic sensation is transmitted to the brain from the viscera or any part of the organism. This circumscribed cerebral activity may take place without awakening the sleeper, and when a train of such activities, or a series of associations, pass in the brain they of course constitute a dream. But when the impulse becomes too sharp or persistent it brings the nervous excitement into full consciousness, and the rational faculties resume their office. Again, in natural sleep, activity in the several departments of special sense does not

terminate simultaneously. Vision is the first to succumb, while the auditory sense apparatus retains its receptive functions to the last.

This is a vital point in hypnotism, while very sensitive persons can be hypnotized by impressions upon, or in connection with, any channel of sense, in the vast majority of cases the sense of vision must be engaged before the desired results can be obtained.

The methods practiced by experts in the art of hypnotizing patients are calculated to so concentrate the force, and so limit the field of attention, that the nervous matter concerned in vision will alone be under immediate stimulation. Success depends upon the exclusion of all extraneous impressions. Meantime, while the gaze is thus intently riveted upon one object the whole brain outside the visual field is sinking into a quiescent state or sleep condition. If such sensitive nervous functions are prolonged without a break or variation then comes a time when the rational attention looses its grasp.

The plain law of nervous action admits no other conclusion. Unless feelings arise and terminate abruptly, or follow each other rapidly, consciousness sinks into oblivion.

This is a question which admits of absolute proof with the sense of hearing, which first wanes, then fails wholly, in noting a sound which is monotonously continued. The broadly expanded and exceedingly delicate nerve elements, which go to make up the apparatus of sight, render this sense peculiarly susceptible to the hypnotic process. When vision is steadily held under the conditions of tension necessary in hypnotic experiments a benumbed, non-receptive condition naturally follows. This is the early stage of sleep, and when the subject of the experiment is taken at this turning point, before the auditory centres are profoundly asleep, the intelligent automaton responds to commands or suggestions properly given by another person.

If this theory of attention be correct the questionable propriety of employing hypnotism as a therapeutic agent becomes apparent. We understand how morbid physical conditions—disorders—may be rectified, for the time being at least, by the unconscious obedience of organic attention, but hypnotism presents the spectacle of rational beings reverting to and magnifying the office of instructive faculties when a better way to discipline the lower nature and correct perverse mental habits is plainly pointed out.

If the theory of suggestion does not explain all that is

marvelous in human experience may it not be well to limit the application of the term hypnotism to a definite class of phenomena and recognize the fact that there is something beyond—a deeper secret which eludes human scrutiny? In any event the present revival of interest in this subject seems likely to favorably affect a wide circle of human interests.

If the diligent laborers in this field but discover some of the obscure laws of interaction between mind and body many physical disorders will be better understood and more successfully treated. Disorders of the mind will be a more open book. We shall be better able to foresee why certain influences and tendencies lead directly to insanity and apply exact methods of prevention if we cannot cure the established disorder.

LARGE OR SMALL HOSPITALS FOR THE INSANE—WHICH?*

BY C. E. WRIGHT, M. D.,
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The question whether large or small institutions (hospitals or asylums) for the cure and care of the insane are to be preferred is one of interest to the general public as well as to the medical profession—especially so to alienists.

To this Association do the people look for information and advice, and upon the consense of your opinions, plans are based and capital expended in the erection of proper hospitals and homes for the maniacal and demented.

The subject is a practical one, for the investment of large sums of money depends upon its proper solution. In the language of Colonel Sellers, "There's millions in it."

This may well be denominated a question, for it is a query which, as yet, has not been satisfactorily answered, and concerning which there is considerable diversity of opinion, not only among the people at large, but likewise among medical men. Even alienists and members of this Association are not united in opinion upon the correct answer. I feel some hesitancy in addressing this body of learned specialists upon a subject concerning which the individual members have so widely differed, and upon which they have more than once passed judgment and placed themselves on record without having definitely settled the matter. The opinions of the members of this body have in the past governed public sentiment with reference to the construction and maintenance of hospitals or asylums, (I use the terms synonymously here), and we have reason to believe that in the future the same deference will be paid to, and the same dependence placed upon, their decisions. It is therefore wise for us to take some pains to arrive at positive and correct conclusions.

Being a novice in the specialty and meeting with you now for the first time, I feel timid in advancing my views, especially as they may be at variance with the expressed opinions of the ma-

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jority of the members here, who are better posted as to what has been said in the previous meetings, and it may also be as to the needs of the public. If I offend any, or if I misstate facts, I crave correction and pardon in advance.

My understanding is that this Society has upon several occasions discussed a question similar in import to this, and upon one occasion determined that *two hundred* should be the maximum limit of population of insane hospitals; while upon another occasion it was decided that *six hundred* was a preferable number. If one limit was correct the other was certainly wrong, for the conditions as to the needs of the insane have not changed—only the necessity to the public for better care for an increased number of the insane population.

I have put my subject in the form of an interrogatory, because of the indefinite conclusions heretofore arrived at, and because of the fact that even after comparison of a number of annual reports of institutions, public and private, of large and small capacities, the determination still seems remote. At the same time I am free to admit that facts do not always confirm figures.

Arguments equally cogent it would seem can be adduced for and against large and small asylums as well as for and against the congregate and segregate plans of caring for lunatics.

If agreeable, I should like this essay considered in the light of a soliloquy, rather than an argument, and if you will permit me to think aloud for a few minutes, or to utilize suggestion, I will give you my opinions as concisely as possible.

In deciding a matter of so much importance it is scarcely sufficient to rely wholly upon one's own ideas, which may be prejudiced, or upon one's own experience, which in every instance must be somewhat limited.

It is not enough for any one to merely say "*I* think that two hundred is the proper limit of population," or "In *my* experience no more than six hundred insane persons should be placed under one management." These statements would hardly be convincing or conclusive unless one's opinions were entitled to especial consideration on account of profundity of information, or unless one's experience vastly exceeded that of his brethren. Our opinions are sometimes governed, or at least modified by our environments, past or present. If one has charge of an extensive asylum, his ideas being regulated to some extent by his surroundings, he will probably conclude that palatial structures containing thousands of

patients are perfectly proper and necessary. But let his term of office expire, or let him assume charge of a sanitarium or private hospital, and his ideas will generally be considerably modified and contracted. We will then hear him discourse learnedly and eloquently of "individualized treatment," "home-like retreats," "family interest," "cheerful, home-like surroundings," "skillful nursing," and "personal medical oversight." To counteract the effects of free treatment and keep in public institutions, he will very likely advertise and advocate "non-restraint treatment carried to excess," or "a private nurse for each patient if desired," "privacy and freedom of domestic life," and in this manner secure a number of boarders for his house. He seems to feel the necessity of doing or saying something to counteract the importance of his brother alienist's influence, and expends his ink or lung power in sarcastic allusions to "caravansaries" and "hives of humanity," and hints darkly at the dangers of "holocausts." The word "caravansary" seems to contain a world of argument or satire, judging from the way in which it is used, for we seldom hear the subject of this essay discussed that this alphabetical aggregation does not put in frequent appearance.

The manager of the "caravansary," inflated with the possession of power, looks down loftily and contemptuously upon (in his estimation) his less important brother, and may retaliate in kind with incisive allusions to "nurseries for mild cases," "kindergartens for the hysterical," and "dime museums for hypochondriacal cranks." In neither case is an argument held valid because of the envy of one and the self-importance of the other disputant.

My remarks are intended mainly to be suggestive, not determinate nor conclusive, and I shall be satisfied if they will tend to bring about the best manner of determining the proper answer to my query.

The small number of reports I have examined, while not sufficient to afford correct conclusions, are enough upon which to base some general remarks, and I may say that they do not demonstrate that the small institutions are better either for the patients or for the public.

The reports are not only meagre in statistics of real importance, but even those furnished are presented in styles so various that but little practical use can be made of them. Thanks are profusely tendered between trustees and superintendents, and to the donors of cast-off clothing and second-hand newspapers, but

matters of great interest are lightly touched upon or totally unmentioned.

Statistics depend somewhat upon the temperament and condition of the statistician. A superintendent of sanguine temperament, an optimist, will report a large percentage of recoveries, especially if he bases his figures upon the annual number of admissions or upon the acute cases. On the other hand his pessimistic brother, particularly if his liver be "out of fix," and if he bases his percentages upon the average daily population or upon the total number under treatment will not make a very favorable showing of recoveries. As a matter of fact one asylum reports only 0.85 per cent, while another reports 26.3 per cent of recoveries as based upon the total number under treatment, or 7.6 per cent and 70.7 per cent when based upon the yearly admissions. The object of treatment is supposed to be the cure of the patients, and yet, according to the published reports and notwithstanding the freedom with which the figures may be manipulated to make a favorable showing, the percentage of so-called "cures" does not seem to be greater in the smaller hospitals. Even with a greater number of acute cases and a smaller proportionate number of chronic cases the cures reported are not relatively any more frequent than we find in the large hospitals where both acute and chronic cases are admitted. Some of the private homes receive only acute cases, and those of a mild type, while asylums intended only for *incurables* would not be expected to furnish a very large list of *cures*, yet even in spite of "generalized" treatment they do sometimes occur.

Small institutions, particularly those not aided by the State are mainly dependent upon payment from week to week or from month to month by persons of wealth, of sums of money needed for running expenses, and which the managers are loth to dispense with. Is it not possible that in some instances at least *infrequent furloughs* or leaves of absence which may prove of the greatest possible benefit to the patient, are the rule; and might we not also look for *delayed convalescence?* In public institutions frequent *recurrences* will also be found for the reason that the "cures" are too frequent, and patients are hurried out of the house to make room for those who are waiting their turns for treatment.

Prolonged recoveries are to be looked for in Sanitariums more than in "caravansaries." The death rate is relatively as great in one as in the other, and this fact would probably indicate that

equally as much if not more attention is in large hospitals paid to hygienic measures and conditions, to water supply, heating, bathing, sewerage, drainage and the like; for we would naturally expect a higher death rate where there were the greater number of physical wrecks.

Notwithstanding the fact that in some small hospitals, where, on account of the patient's *financial* standing, the "individualized treatment" is carried to excess and "non-restraint method in the extreme" is the rule, (and which usually means that the patient shall be followed about by a special attendant who generally becomes a most intolerable bore and tires the patient of life), suicides do occur as frequently as elsewhere. Nor are homicides unheard of in the small retreats. In fact for a refined patient to be compelled to submit to the autocracy of a person of inferior education and coarse instincts, day and night, without cessation under the fallacious idea that non-restraint is being practiced would certainly be considered sufficient cause for homicide by some maniacs. Attendants so numerous as to be in each other's way do not always prevent self-destruction by the insane.

Should suicide or homicide occur in the smaller institutions there is evidently a greater incentive for concealment of facts and a greater possibility of keeping the matter quiet than in the larger public asylums where everyone considers himself privileged to tell all he knows. Besides, the latter are subject to frequent visits and investigation by legislative committees, boards of charity, and self-constituted inspectors and commissioners in lunacy. That is to say, that facts concerning homicide or suicide must necessarily crop out and be made public, which in a retreat could and doubtless would be concealed from the public eye and ear. Less carelessness will be found, greater watchfulness is the rule; and consequently fewer suicides, homicides and elopements occur in public asylums, excepting in the homes where only the milder cases are treated.

On account of closer espionage by friends of patients, by the people and by the press, the probabilities against abuse and neglect of patients are in favor of "caravansaries." Private interest operates against exposure of irregularities in private institutions, and patients may there be neglected or abused, notwithstanding "personal medical supervision," by the most competent, careful and conscientious physician. A large institution may be properly conducted, while a smaller establishment may be most grossly and villainously mismanaged, and *vice versa*.

As regards danger of fire and consequent loss of life thereby, the opponents, the "caravansary" system, can certainly boast but little. The Longue Point Holocaust matched and followed so soon by the burning of the inmates of a smaller asylum at Norwich, N. Y., furnishes no argument for either side of this controversy.

Criminal neglect of proper precautions against fire cannot be too severely condemned in anyone who has charge of human life. And if the published reports be true as regards the lack of preparation for the prevention of fire and for combatting the flames in the Canada Asylum, a fearful responsibility rests upon the managers. Is it not likely where a greater number of people are housed that there will be greater care exercised in preventing fire and arresting its spread? I do not defend the Longue Point management, but I do venture the assertion that in all of the largest asylums for the insane greater care is exercised against the causes and spread of fire than in an equal number of the smaller asylums in the country.

The per capita cost of maintenance is a question which can always be easily and accurately determined, and is one in which the taxpayers are deeply interested. That "caravansaries" can be more economically managed appears from the published reports; and yet the managers of the smaller institutions affect a profound contempt for the "niggardly," "grudging," "skimping" superintendent who dares to manage his hospital with ordinary economy, such economy as he would practice had he to pay the bills instead of the State. Greater economy, greater care and supervision must be practiced or else the superintendent will hear from the dear people who pay the bills. There is relatively a smaller degree of waste, prices rule lower—wholesale rates for food, clothing, etc., better and more varied diet can be furnished at the same general cost of maintenance. These facts must be borne in mind in collecting and comparing statistics. Smaller institutions generally depend upon patronage of those who wish to avoid the publicity of confining their friends in a public asylum and are willing to pay roundly for privacy and for extra service and luxuries. Public asylums must by reason of the limited appropriations, based upon per capita cost and probable number of inmates, together with sufficient margin to cover possible contingencies, be conducted economically. The cost of maintenance must be considered in every institution whether private or public, large or small. If the people donate a sum of money to provide for the

insane, the insane should receive the full benefit of such donation. The funds should be handled as carefully, conscientiously and economically as if they were our own, and if in excess of the actual needs the surplus should be religiously covered back into the public treasury. However we may rail at economy of management as "niggardly" and "grudging charity," and although the quality of charity, like that of mercy, should not be strained nor benevolence "weighed with an apothecary's scale," yet it must be remembered that public benevolence is a public burden, and taxpayers should not be compelled to bear unnecessary expense. Public charity should not be used to cover public plunder.

A decided disadvantage under which the management of a large public hospital labors is the incentive and opportunity sometimes offered to politicians of the very worst type to obtain and to retain control of it for party purposes alone. To be sure politics can occasionally be used to good effect in cleaning out a lot of worthless, corrupt and vicious old party hacks, who cannot make a living elsewhere, who have done a little party service, just sufficient to afford an excuse for their appointment, and who are given places to keep them from being a burden to their friends or to the county. A large hospital controlled exclusively by a political party affords a bright and shining mark for the envy and malice of the opposition, who do not hesitate to attack and malign the management in the most outrageous and villainously untruthful manner. Besides, the managers must be subject to all sorts of political dissensions and changes and suggestions and demands by bummers and deadbeats. The most competent are removed sometimes without cause save that they do not vote right, and yet to counterbalance this hardship we occasionally find that benefit is rendered to the patients and the State by political changes which remove some fossil who has outlived his usefulness and by his egotism and intolerance prevents progress. But, taken altogether, the chances offered for corrupt and wholly unqualified persons to secure places, and in spite of vicious conduct and utter lack of all the elements of fitness, through political influence alone to retain positions, and for years to defy decency and the better sense of the community, furnishes one of the best if not the most potent reason for limited hospitals.

"Individualized treatment," or "personal medical supervision" is largely dwelled upon by advocates of small institutions, who possibly consider that only the superintendent should look after

the moral, mental and physical welfare of the patients. To be sure an institution of whatever kind will largely partake of the character of the man at the head; but if the superintendent is to be held directly responsible for everything there seems to be but little use for a medical staff.

The superintendent's functions are multifarious and vastly diversified; the demands upon his time are endless and exacting; his duties are professional, moral and executive. If he properly fills his place in all its requirements he must needs be a perambulating encyclopædia of information about things natural and supernatural, things physiological and psychological, things terrestrial and celestial. The superintendent cannot well perform his executive and managerial duties and at the same time practice individualized treatment upon two hundred nor five hundred any more than one thousand patients. The medical staff should be competent and be expected to exercise the personal medical supervision of the patients. With a properly selected staff who, while admiting the authority and right of the superintendent to maintain general, or even direct supervision of any or all cases if he wishes to, in an institution sufficiently endowed, or with an appropriation ample enough to afford good salaries to medical men, there need be no lack of "individualized treatment." With a number of qualified medical men to give special and sole attention to individualized treatment certainly the results must be better and more satisfactory than where the superintendent is expected to be omnipresent and to do impossibilities.

There seems to be a crying need of a better and more uniform mode of publishing and collecting statistical information in the annual reports of institutions for the insane. If one superintendent gives certain data based on "admissions" during the year, another upon the "daily average number present," the third upon the "total number under treatment," while the fourth fails to furnish any statistical information whatever, but fills his pages with the consideration of ordinary text-book subjects, or some abstruse psychological problem and self-laudatory remarks about what he *does not* do in the way of restraint or seclusion, or the use of "narcotics and other deadly drugs," there will be no reliable information upon which to base any conclusions whatever.

As it is now it would seem that the statistical tables, so-called, are, occasionally at least, intended more for the personal aggrandizement of the superintendent and to enhance his general and

professional reputation, than for the benefit of the patients who receive the treatment or for the public who pay the bills.

A practical matter, entirely within the jurisdiction of this Association, would be the adoption of a standard series of statistical tables, in which there would be uniformity of registry, classification, percentages and other information which could be made available. If such a plan of collecting and publishing statistics, therapeutic, vital and economic, should be formulated by this Association, and adopted by the managers of all institutions in the country, the settlement of the subject of this essay and other matters of interest to us as alienists and public servants could be accomplished.

IS PUERPERAL INSANITY A DISTINCT CLINICAL FORM?

BY W. L. WORCESTER, M. D.,
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The classification of the diseases which manifest themselves principally in disordered mental action is, and is likely long to remain in an unsatisfactory condition. The reason for this is not far to seek. In order to determine the relations between the groups of phenomena which we call diseases, it is necessary to understand their etiology, their clinical history, and their pathological anatomy. When we know how the cause or causes of a disease bring about the organic changes which, in their turn, produce disorder of function, then, and not till then, we have such a knowledge of the facts as will enable us to judge of their relations to other facts of a more or less similar nature. It is evident that these conditions are far from being fulfilled in regard to most forms of insanity. In a great proportion of cases the causes of the mental derangement are utterly obscure, and in many others so many injurious influences have been at work that it is difficult, if not impossible, to decide which are essential and which unimportant or accessory. The clinical phenomena themselves are of such complexity, and present themselves in such a bewildering variety of combinations, that it seems almost a hopeless task to reduce them to any sort of order, while as regards pathological anatomy, in spite of all the labor that has been spent upon it, it must be admitted that for the great majority of the affections which come under the care of the alienist, it practically does not exist. Such being the case, it is not surprising that no classification which has yet been devised has met universal, or even general acceptance; that where one, looking at few well-marked cases, sees no difficulty in erecting them into a distinct disease; another, marking the insensible gradations by which they are united with other and very different cases, hesitates to separate them, and not a few are sceptical as to the value of any system, and disposed to harbor the suggestion of a recent writer in *Brain*, that perhaps "Insanity" alone is a sufficient classification. Still, the human mind will scarcely rest satisfied with such a conclusion, nor is it desirable that it should. Unsystematized knowledge is a constant

irritation to the scientific mind, and a hindrance to progress. Probably the worst classification that was ever devised is better than none at all.

The etiological classification of mental diseases has never had a very great vogue in this country, and does not seem, on the whole, to be gaining ground at present, but it has enough distinguished advocates to entitle it to a respectful hearing. It is claimed by Skae and his followers that the exciting causes of insanity produce forms of disease that are distinct and characteristic, so that they can be recognized by their clinical course. To what extent is this claim borne out by experience? Is it true that all cases due to masturbation, for instance, or to the puerperal state, or to the climacteric period, present such resemblances between themselves and such differences from those due to all other causes as to entitle them to rank as distinct diseases—distinctive features comparable for instance, to those of typhoid, typhus and malarial fevers? Can the experienced alienist, from the symptoms of the case before him, decide upon the exciting cause, as the dermatologist can say that one case of skin disease is due to the itch-mite, another to the ringworm fungus, and a third to syphilis? Upon the extent to which affirmative answers can be given to these questions, depends, it seems to me, the value of the system.

Among the exciting causes of insanity there is none that is more unquestionable than the puerperal state, and puerperal insanity occupies a prominent place in the systems of Skae and his followers. During my connection with this institution I have had several puerperal cases under my care, and have endeavored to study them with reference to the points indicated above. Probably my conclusions will have more value if accompanied by the facts on which they are based. The number of cases is not large, but previous experience leads me to think them fairly characteristic.

Case I.—M. H., aged 26, primipara. Hereditary predisposition denied. Her labor was tedious, and was followed by a severe attack of puerperal fever, in which she was violently delirious, talking incoherently on religious subjects, and at times seeming greatly alarmed without apparent cause. The violence of her excitement subsided as the fever abated, but she continued to be confused, loquacious and silly. She was admitted as a patient March 17, 1888, six months after her confinement. At the time of her admission she was restless, nervous and depressed; walked the floor continually, begging to be taken home. Her condition did

not change essentially during her stay, although her homesickness varied in intensity from time to time. When not begging to go home she would repeat some phrase, as, for instance, "fresh butter," by the hour together. During the latter part of her stay she imagined that her husband was in the building, and nothing could convince her to the contrary. She was removed June 1, 1889.

CASE II.—A. D., aged 29, mother of four children. Her second confinement, in 1883, was followed by an attack of insanity, from which she recovered in this institution. No mental disturbance followed the birth of the third child, in 1886. The fourth child was born September 13, 1888, and five or six days afterwards she complained of severe pain in the head, became restless, and had hallucinations, the nature of which is not stated. She attempted to kill her husband, manifested suicidal impulses, and was inclined to refuse food. She was admitted to the asylum January 2, 1889. At the time of her admission she was pale, but not greatly emaciated; seemed much depressed; wept, and could with difficulty be induced to eat. In about a week her depression seemed to have passed off to a considerable extent; she was eating well, and seemed rather indifferent to her surroundings; unless prevented, would lie on the floor almost constantly; would say but little. During the following six months she improved to a limited extent. She became less disorderly, but continued to be very indolent, and never could be induced to engage in work of any kind. She would answer when spoken to, but did not engage voluntarily in conversation. There was no incoherence in her talk, and she never expressed any delusions. The only subject in which she ever showed a lively interest was tobacco, for which she had an inordinate craving. In her husband's absence she seemed to have an aversion for him, and when he visited her would usually refuse, for some time, to speak to him, but would end by talking with him pretty freely and asking to go home. Her physical health soon became fully restored; menstruation was re-established in March, and during the summer she became very fat. After about the first of June her condition remained practically stationary. She was indolent, indifferent and rather obstinate. She was removed by her husband November 31, 1889, in the hope that the return to the associations of home might arouse her interest and contribute to her recovery, but a letter from him, some months later, stated that she had not improved.

CASE III.—C. B., aged 21, primipara. Hereditary predisposition

denied. Was confined June 19, 1889, and about two weeks afterwards showed an aversion for her husband, to whom she had previously been very affectionate, and hallucinations of an alarming character, imagining, among other things, that dogs were trying to bite her. She became wildly excited; destroyed clothing, assaulted her attendants, and attempted suicide by jumping into a well. She was admitted to the asylum July 18, 1889. When received she was quiet, but seemed confused; complained of headache; was in fair flesh, but had a pale, waxy complexion, suggestive of renal disease, of which, however, the urine gave no evidence. That night she broke out the glass of her window, and made a desperate assault on the attendants who came to her room. Until about the first of October there was but little change in her mental condition. She was usually quiet and pleasant, but had rather frequent outbursts of apparently causeless violence, in which she would assault any one who happened to be near. On this account she was loosely restrained with wristlets for some weeks, to which she never made any objection. She wandered about the ward, seldom speaking unless addressed, and then answering briefly, but without incoherence. She evidently realized only imperfectly where she was, and mistook the identity of persons; professed to have no recollection of her confinement. No definite delusions were ever elicited. About the first of October she began to improve rapidly, and by the end of November seemed fully restored. She was discharged as recovered December 22d.

Case IV.—F. B., aged 24; primipara. Hereditary predisposition denied. Confined November 24, 1889. The lochial discharge was suppressed prematurely—date not stated—and about two weeks after the birth of her child she was noticed to show an unnatural excitement and elation; was talkative and facetious, restless, and wanted to be constantly running about. At times she attempted violence towards her husband and child, but was never destructive nor filthy. She was received as a patient January 30, 1890. She seemed in good health, although her pulse was rapid (120). She was quite talkative, and often somewhat incoherent, although her answers to questions were usually relevant. She evidently had vague delusions on religious subjects, but it was impossible to ascertain their precise nature. She made many mysterious gestures. A few days after her admission she announced that her bones were made of glass. In the course of a month she became much more quiet, and very industrious, but was

very supercilious in her manner; repudiated her name, and wished to be called Wesson, which, it appeared, was the name of a man whom she intended to marry when she obtained her liberty, of which she considered herself unjustly deprived; gave the attendants names of her own devising. At present she acknowledges her name, and is more natural in her manner, but she asserts that her husband was killed before her eyes shortly after she came here, and does not admit that she has been insane at any time. She is anxious to go home to her child.

CASE V.—E. B., aged 18; primipara. Parents said to have been somewhat intemperate. Confined December 11, 1889, and showed symptoms of insanity two or three days afterward. Had hallucinations; imagined that she saw Christ and the Virgin Mary; afterwards claimed that she was the Virgin Mary, her husband Joseph, and her child Jesus Christ. Was sleepless and restless, loquacious, incoherent, and at times profane and obscene. Admitted to the asylum February 3, 1890. At the time of her admission she was quiet, and evidently much confused; wandered about aimlessly; could be induced to say but little, and was entirely indifferent to cleanliness; required much urging to induce her to eat. After a few days she ceased entirely to feed herself, although she would eat heartily when food was put into her mouth. In the latter part of March she would only swallow liquids, and soon afterward became decidedly cataleptic; ceased to speak and did not change her position voluntarily. Since about the first of May there has been a slow improvement. At present (June 8,) she eats solid food, but does not feed herself; she changes her position in bed, and gets in and out when told to do so; she can sometimes be induced to say a few words. There has not at any time been evidence of a depressed emotional state. Her expression has been placid, and even when her lethargy was most profound, she would often smile faintly when some jocular remark was addressed to her.

The following three cases may perhaps be considered to be instances rather of insanity of lactation than puerperal cases, strictly speaking:

CASE VI.—N. C., aged 26, mother of four children. The youngest was born in September, 1888. Three months afterward, while suckling the child, as she had done with the previous ones, she became maniacal; laughed immoderately; used profane and obscene language; was violent and destructive. Her excitement subsided to a considerable extent, in the next few months, and she

became rather indifferent to her surroundings, with occasional violent impulses. She was brought to the asylum October 2, 1889. Her condition has not varied essentially since her admission. She usually sits quietly, without apparently taking much notice of what is going on. Frequently she smiles, and sometimes bursts into laughter, but she scarcely ever speaks, and the little she says throws no light on what is passing in her mind. At times, without provocation or apparent cause, she makes desperate assaults upon patients or attendants, and being a large, powerful woman, she is a decidedly dangerous patient. Her general health has been uniformly good.

Case VII.—J. L., aged 21, mother of one child, born in July, 1888. On the 11th of August following, while visiting at the house of a friend, she gave evidence of mental depression; wept; seemed bewildered, and apprehensive. This state of affairs continued; she was unable to fix her mind on anything; became incoherent in speech and silly in conduct, and at times was violent and destructive. She had been deserted by her husband during her pregnancy, but he still remained in the neighborhood, and seeing or hearing of him seemed to aggravate her symptoms. She was received here October 2, 1889. At that time she was thin and pale; there was a moderate degree of exophthalmos, and her pulse was 120 per minute. The thyroid gland was not noticeably enlarged. She seemed confused, timid and apprehensive; talked incoherently, and evidently comprehended scarcely anything of what was said to her. Since then her physical health has improved, and she seems less timid than at first, but she is filthy, destructive, noisy at times, and without any apparent comprehension of her surroundings.

Case VIII.—L. L., said to be about twenty years of age, mother of four children, the youngest of whom was born in June, 1889. About two months later, mental disturbance manifested itself in weeping, incoherent talk, and a disposition to run away from home. When opposed, she became violent, and on one occasion attempted to burn the house. At times she refused food, and this had been the case for several days before her admission to the asylum, May 2, 1890. At first she was very restless, pounding on the door, and calling for various persons. She was inclined to resist everything that was undertaken with her; refused to go to the dining-room, and would not eat when there. After a few days she began to eat very heartily, and her restlessness subsided, but she is inactive, obstinate, suspicious and taciturn.

In comparing the foregoing cases, it is evident, at the outset, that, notwithstanding their limited number, they present a great variety of symptoms. Excitement and depression, delusions, illusions and hallucinations, suicidal and violent impulses, mental confusion, catalepsy, are all present. It is not clear, however, that there is any one symptom that is common to them all. Most of the patients seem to have been maniacal at the outset, but Case II would appear to have presented rather the character of agitated melancholia, and it is not disputed that puerperal insanity may set in with melancholic symptoms. Another very general symptom, perhaps present in all the cases in a greater or less degree, is mental confusion. There are no cases among them of simple mania or melancholia. The excitement which they set in seems to have been accompanied, in all cases, by delusions or hallucinations, and it is doubtful if any of the patients, at the time of their reception, had a clear comprehension of their surroundings. Most of them seemed to move in a sort of waking dream. I had, however, at the Michigan Asylum, a patient under my care, who, to the best of my recollection, seemed very clear-headed, and who certainly manifested great ingenuity and judgment of a certain sort in mischief. Obscenity and indecency of conduct, which most writers on the subject mention as prominent symptoms of puerperal cases, have not been so in my experience, and most of the preliminary histories of the cases treated here are silent on that point.

Assuming that a maniacal onset, with mental confusion, were a universal characteristic of puerperal insanity, instead of being merely its most usual manifestations, would that be sufficient to warrant its separation as a distinct disease? My own observation would lead us to answer this question in the negative, for the reason that similar cases are not at all uncommon both among non-puerperal women and men. I have treated a number of patients, both male and female, whose symptoms, so far as I was able to judge, resembled those of the cases I have detailed in this article quite as much as they resemble each other, and which, apart from etiological considerations, had as good claims to be classed with them as they to be classed together. I have not been able to discover anything, in the symptoms, whether considered separately or collectively, that would enable me to say, with confidence, in the absence of a history of the case or of physical evidences of recent confinement, that a given patient is a case of puerperal insanity.

CLINICAL CASE.

A CASE OF TREPHINING FOR GENERAL PARESIS.

BY CHARLES G. WAGNER, M. D.,
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It is now commonly agreed that there is no other disease affecting mankind so appalling in its character as general paresis. Its proneness to attack men in early life, its insidious onset and gradual development, its many distressing features and uniformly fatal termination, all unite in making it the most dreaded disease of modern times. Moreover, evidence is not lacking to prove that the number, both actual and relative, of general paretics annually admitted to our hospitals is steadily increasing. Drugs and hygiene, either singly or in combination, have failed to stay its progress, and though treatment has been diversified to the limits of the materia medica, the results have been to the last degree discouraging. The question, therefore, of a possible surgical treatment is one of vital importance, and merits the most careful consideration. Modern antiseptic methods have been brought to such a degree of perfection that the mere operation of trephining is now attended with small risk to life, and recovery from its effects is usually prompt and complete. The operation, therefore, though it may appear to conservative minds a radical measure, is in reality a comparatively simple procedure, adding in no appreciable degree to an already existing grave disorder. In fact, it is a procedure that finds substantial support in certain pathological features that are uniformly present in cases of general paresis: these are diminution in the size of the brain and the presence of an abnormally large quantity of fluid in the sub-arachnoidean space. These conditions exist regularly early in the history of the disease, they continue to its termination, and although their causal relations are not yet clearly established, there is ground for the belief that morbid processes and functional disturbances are increased by pressure of the fluid on the underlying convolutions of the brain.

Going a step farther than this—and the view is concurred in by Ferrier—Dr. T. Claye Shaw* assumes that the removal of a portion

*Surgical Treatment of General Paralysis, by T. Claye Shaw, M. D., F. R. C. P. *British Medical Journal*, Nov. 16, 1889.

of the fluid must be followed by an expansion of the brain, a stretching of its substance, as it were, and an increased blood supply, thus at least making it possible for a changed and perhaps improved nutrition, whereby the progress of an otherwise fatal disease may be in part or wholly arrested.

Acting upon this theory, Mr. Harrison Cripps, at the request of Dr. Shaw, performed in London, the first recorded operation of trephining for general paresis July 28, 1889. Nine months previously the patient had been admitted to the hospital "in an excited grandiose mental state, affection of speech, exaggerated reflexes, gait very unsteady and retention of urine; from time to time he had had convulsive attacks and short periods of loss of sensation chiefly in the left extremities, and his powers of deglutition and talking became more and more impaired, while his mental condition was fast approaching a well-established dementia." "The patient was trephined on the right side of the skull, over the central sulcus and about two inches outside the longitudinal fissure; the operation consisted of making two holes with the trephine, cutting away the intermediate bone so as to make an opening about 1½ inches long by ¾ inch wide, cutting away the dura mater and letting out a considerable quantity of sub-arachnoid fluid." Strict antiseptic precautions were observed and the patient recovered promptly from the effects of the operation. Three months later Dr. Shaw, in reporting the case, said: "The present state of the patient is a great improvement on what it was; in fact he is no longer insane, and I propose to discharge him; we did not expect him to show any marked improvement in the bulbar symptoms, although I think that even here his condition is better, and he certainly swallows and speaks more easily and distinctly; but in mental tone the difference is most marked, for he is no longer optimistic in his ideas, nor has he any of the convulsive epileptoid attacks to which before the operation he was very subject; he reads the paper daily, is free from headache, eats and sleeps well, and is able to hold his urine."

The second recorded case of trephining for general paresis was performed by M. Harrison Cripps at St. Bartholomew's Hospital, January 27, 1890.* The patient had been a railway guard. In January, 1888, he received an injury to his head by being thrown from the train. He was admitted to the Banstead Asylum, April 20, 1889, suffering from well marked symptoms of

* *British Medical Journal*, June 14, 1890.

general paresis. He remained under treatment in the asylum nine months, during which time he complained frequently of severe pain in the region of the blow, which was about two and a half inches above the left ear. "He exhibited large delusions, there was motor impairment of speech, some ataxy and patellar reflexes very indistinct. As it seemed probable that the injury was the cause of the disease, and it was possible that some injury to the bone might be found, it was determined to trephine over the seat of the injury with the object of relieving pain, draining off some fluid, and lessening pressure."

After thoroughly cleansing the scalp with antiseptic solutions, a semi-circular incision was made over the left parietal bone, the flap turned back and a trephine cutting a one inch circle was applied just in front of the left parietal eminence. A second disc about one inch behind the first was then removed and the intervening bone cut away with a saw. There was considerable bulging of the dura mater, a portion of which together with the underlying arachnoid and pia mater was removed, and a part of the fluid allowed to drain off.

The scalp was replaced, the wound healed by first intention, and there was no constitutional disturbance whatever. The patient was sent back to the asylum, and on his return "it was noted that his condition had in many particulars improved. The pain in his head had entirely disappeared and his memory was much better. There was no trace of delusion beyond a certain amount of contentment and sense of well-being. The motor symptoms appeared to be stationary. After being out on trial for a month in the care of his wife he was discharged on April 18th, there being no mental disease beyond a little dullness to be observed, apart, that is, from the motor impairment." On the 14th of May, when the patient was last heard from he was in "much the same state as when he left the asylum."

So far as known to the writer, the third case of trephining for general paresis occurred at the Utica State Hospital, and was performed by him March 16, 1890. The patient, J. U. F., was a negro, aged thirty-two, married, and a native of New York. He was admitted to the hospital July 23, 1889, suffered from well defined symptoms of general paresis, was talkative, cheerful and controlled by exalted delusions.

There was marked hesitancy and thickness in his speech, and his gait was very unsteady. In short, the case was typical. For

about two months he was able to render some assistance in one of the shops, but he gradually became more demented until he was unable to perform work of any kind, and began to indulge the gregarious propensity of this stage of the disease. He gradually became more demented, until he talked very little, and frequently soiled his clothing. He was in this condition on the morning of March 14th, when he was suddenly seized with convulsive movements of his left arm and leg. There were also twitchings of the muscles of the face on the same side, and vomiting. The convulsions continued two hours. The arm and leg were now partially paralyzed, and the patient was more stupid than usually. The paralysis gradually increased until the morning of the 16th, when there was complete loss of motion and sensation in both the arm and the leg on the left side, and the patient was semi-unconscious and unable to speak. As the coma was gradually increasing and the symptoms seemed to indicate the right motor area of the cerebrum as the region specially involved, it was believed that some relief might be obtained by trephining the right parietal bone. As the patient was still sensitive to pain on the right side of the body it was deemed advisable to anæsthetize him completely before operating. The scalp was carefully shaved and thoroughly cleansed with soapsuds and bi-chloride solution $\frac{1}{1500}$, a triangular flap was raised and the trephine applied directly over the fissure of Rolando, about midway of its length. A button of bone was removed and the trephine applied a second time, slightly overlapping the first bore. The intervening points of bone were afterwards cut away, thus enlarging the original opening. On removing the bone, the dura, tensely distended, was pressed up into the opening by the fluid beneath, and when it was cut with the knife a large quantity of fluid immediately gushed forth. By turning the head from side to side some additional fluid was drained off, making the total quantity about six ounces. The convolutions of the brain could then be seen at a distance of more than three-quarters of an inch from the inner table of the skull; it was apparent that the convolutions were flattened and the pia mater had a slightly milky appearance, but no evidences of hemorrhage were visible. The cavity between the brain and the dura was then carefully irrigated with bi-chloride solution $\frac{1}{8000}$, and the cut edges of the dura stitched together with sterilized catgut sutures, and the wound in the scalp closed in the same manner, with the exception of a small opening in the most

dependent part in which a braid of catgut was left to facilitate drainage; a simple dressing of absorbent cotton was then applied.

The patient recovered in a short time from the ether and immediately made slight movements with the fingers of the paralyzed hand, followed the movements of persons in the room with his eyes and spoke several words. That night he was very quiet, slept nearly all of the time, and scarcely moved when awake, the following morning his temperature was normal, pulse 100 and respiration 20. He opened his eyes when spoken to, and looked about him, but made no reply to questions, nor would he swallow the food that was placed in his mouth. There was no perceptible movement seen in either the arm or the leg. In the afternoon his temperature rose to $100\frac{8}{10}$, and his pulse to 120; he occasionally made slight movements with his fingers, but there was no other change. He slept the entire night, and on the morning of the second day after the operation he awoke with a temperature of $98\frac{1}{4}$ and a pulse of 90, he ate a hearty breakfast, and talked more intelligently than he had done for several months before; he asked for several articles of food and enquired when he might go home. Motion of fingers was noticeably increased, but he appeared to be still unable to move his leg. His temperature remained normal throughout the day. On the morning of the third day, after having slept well all night, his temperature was 98 and his pulse 92; he was very talkative and slightly incoherent. He moved his hand and arm actively, pulling the bedding from side to side, but the grasp of his fingers was still weak, and there was no sensation in the thigh or leg, but when his toes were pricked with a pin he quickly retracted the leg. This was the first time since the operation that he had exhibited any control over the muscles of the left leg. The dressings were removed from the head, and there was found slight tumefaction of the scalp, and a small amount of sanguineous discharge on the cotton. The wound was in good condition, and after irrigation with bi-chloride solution $\frac{1}{2000}$, the dressings were re-applied. On the fourth and fifth days there was slight rise of temperature in the afternoon; the dressings were removed daily and the parts thoroughly cleansed, and some of the stitches removed. On the seventh day, union of the scalp was firm, there was no longer any discharge, and the remaining stitches were taken away. By this time the patient was able to use his left hand and arm nearly as well as his right, and he had regained power in his left leg to

such an extent that he got out of bed and walked across the ward without assistance. He exhibited also a change mentally, he became exceedingly garrulous; his appetite was enormous, and he gained strength rapidly, until at the end of three weeks he was able to walk and to help himself much better than he had done for several months prior to the seizure. This increased mental and motor activity continued for about three weeks, when the patient again began to lose control of his left hand and leg, and manifested less mental activity; he had difficulty in swallowing, and frequently soiled his clothing and bedding; he failed rapidly, and several times exhibited slight spasmodic contractions of the left hand and forearm. He remained in this condition about a week and then died.

Autopsy.—At the post-mortem it was found that the dura had grown together again, and the opening in the skull made by the trephine had been bridged over by a dense, strong, fibrous membrane, and there was no evidence of any recent local inflammatory process. There was general pachymeningitis interna chronica hæmorrhagica with a marked accumulation of pus over the right hemisphere one inch below and somewhat in front of the place of trephining, the right hemisphere was considerably shorter than the left, owing to contraction of the frontal lobe. Over the upper part of the frontal lobe the dura-mater formed a sack-like fold, the size of a pigeon's egg, lined by a hæmorrhagic false membrane and containing a turbid serous fluid. The false membrane over the right hemisphere extended backward over the occipital lobe into the longitudinal fissure, and the right lateral sinus contained a solid thrombus. Over the left hemisphere, the hæmorrhagic false membrane was most marked over the parietal lobe, but became finer and more transparent and yellowish as it extended forward over the frontal lobe, the whole brain was contracted, and weighed but little over forty-four ounces; it was of a leathery consistence, with the exception of the right anterior central and the upper frontal convolutions, which showed signs of superficial softening.

Although the patient died and the autopsy revealed a condition of the brain which under any circumstances must necessarily have terminated fatally, the case has been an exceedingly instructive one. It will be remembered that the disease was far advanced at the time of the operation, and the patient was rapidly settling into a state of profound coma. The most that could be hoped for,

therefore, was a temporary improvement. That this was accomplished and that the patient's life was prolonged nearly two months, no one who saw him immediately before the operation and watched his progress afterward could doubt. The man's prompt recovery from the effects of the operation, the rapidity with which the paralysis disappeared after the pressure had been removed from the brain, the increased mental activity and the re-establishment of co-ordinate movements, were highly gratifying, and even though these conditions lasted but a few weeks, they are not without significance. While it is not claimed that the utility of the operation is fully established, the history of this case, taken in connection with that of Dr. Shaw, where the improvement following the operation was so pronounced that the surgeon felt it his duty to discharge the patient as recovered, warrants the further trial of trephining in cases of general paresis, and the writer is inclined to believe that by means of this method of treatment, if made use of early in the course of the disease, one may, in some cases at least, arrest its progress, and give to the patient months, and perhaps years, of useful life.

NOTE.—Since the foregoing case was recorded the writer has learned that Dr. Shaw's patient continued apparently well for a period of over six months after the operation, but that on the 14th of February last he had a severe attack of convulsions, was comatose several days, and on the 20th died. It is to be regretted that a second operation was not performed. C. G. W.

ABSTRACTS AND EXTRACTS.

ABERRATION OF THE GENETIC SENSE.—The following are the conclusions of an article on the aberration of the genetic sense by Dr. Paul Moreau (de Tours), in the *Revue d'Hypnologie*, number of March 3d:

First. There exists a genetic sense, generally admitted, but not scientifically recognized.

Second. As we observed in the neuroses and in partial insanity, this morbid existence is not incompatible with integrity of the intellectual functions.

Third. Looked on as a whole, this sense may be injured psychically, and presents a special pathological history. In all cases the acts which it produces tend to render it incompatible with the exercise of the free will, which, if not entirely abolished, is at least remarkably diminished.

Fourth. In the highest degree, these acts take on the character sometimes of instanteity of instinctive impulse with all its consequences, and at other times, also, they are the result of an entire system of conduct based on insane ideas.

Fifth. The diagnosis, prognosis and the treatment of genetic insanity, vary with the first cause of the disease, with the existence or non-existence of hereditary antecedents.

Sixth. When called upon by the courts to give advice as to the mental condition of individuals found guilty of criminal assaults, the physician should not pronounce on the degree of responsibility of the accused until after having submitted to study and careful examination the mental condition of those men who have dishonored their higher faculties by their most depraved instincts and by the most monstrous perversions of their appetites.

In cases where acts have been committed by individuals subject to general or partial insanity, or who have acted under the influence of a manifestly irresistible impulse, it is correct to call in the doctrine of limited responsibility.

The same subject is taken up by Dr. Paul Sérieux, in a brochure, analyzed in the *Archives de l'Anthropologie Criminelle* of March 15, 1890. He considers that the subject of the aberration of the genetic sense may be divided into two classes, following in this the opinion of his colleague, Dr. Magnan. These two classes are—

First. Those in which the spinal reflex exist alone, as we find it in idiots, and in automatic masturbation, and obstinate priapism, and in certain degeneralities of appetites in females at the change of life.

Second. Those cases in which the disorder is in the posterior cerebral regions, and perversion of instincts is the characteristic. He recognizes such cases even amongst children, and describes them at length. These are the usual cases of sexual perversion which are described by alienists. Still another abnormal form may be mentioned in which the instincts, in a grosser sig-

nification are suppressed, and he recalls for example some very curious cases of congenital suppression of the sexual instincts.

He also studies or reviews rapidly the anomalies met with in epileptics and in hysterical cases, in chronic delirium, those in which the religious mania coincides so often with erotic exaltation, also maniacs in whom this form of excitement sometimes predominates, as well as mental disorders of which it may form a part. H. M. B.

HYPNAL.—M. Bardet (*Jour. de Médecine de Paris*, April 13,) reports on this hypnotic, which is obtained by mixing antipyrine and chloral, as follows: This preparation is easily taken—I have given it to children without their tasting it, which cannot be done with chloral.

In a therapeutic point of view, I give only statistics of facts that I have observed, without entering into the minute details, since I consider hypnal as a convenient means of administering chloral and antipyrine rather than as a new drug. I have given hypnal within a month, either in city practice or in the hospitals, to twenty-two persons, as follows: Seven cases of insomnia caused by toothache, three women and four men; five cases of insomnia with cough, two men and three women; six cases of insomnia due to various disorders. In all these cases a dose of one gramme has almost always been sufficient, two grammes being rarely employed. I have found that sleep was as easily produced as with chloral, and that pain was generally suppressed, or at least diminished, as much as by antipyrine.

I expect to continue giving it in my ministrations, since it appears to have a difference of action, and there are certain advantages of hypnal over its constituents. I have also noticed the curious fact that a dose of one gramme was always sufficient to produce a calm sleep of many hours, but one gramme of hypnal contains about 45 centigrammes of chloral only against 55 centigrammes of antipyrine. The efficient dose, both hypnotic and analgesic is small, which is an advantage. H. M. B.

MELANCHOLIA FROM ENTERIC FEVER.—At the Session of the *Société Méd. des Hôpitaux*, March 7th, 1890, reported in the *Progrès Médical*, M. Gilbert-Ballet called attention to a couple of observations reported in a preceding meeting, in which he noticed interesting points. One of these is that delirium in typhoid fever may take on the form of melancholia, with depressing ideas of persecution and religious delusions. The second is the causal influence of enteric fever on the production of these forms of delusions. These states, however, differ from partial delusional insanity such as Lasègue has described by the presence of a state of excitement or depression. They are maniacal or melancholic states with persecutory ideas. Can typhoid fever by itself alone produce these various forms of insanity? It is rather frequent, but these special forms of delusional insanity are rare. Still another element may enter in their production, and it exists in two of the cases reported, and perhaps had not been searched for sufficiently in the others. From the communication of M. Barrie, who had reported these

cases, it followed that sufferers from typhoid fever may develop ideas of persecution with maniacal or depressive delirium, and that typhoid fever is an important causal element of these forms of insanity, but there is with it an hereditary factor which should always be carefully looked for. H. M. B.

THE PATHOLOGY OF FRIEDREICH'S DISEASE.—At the Session of the *Société de Biologie*, March 7th, 1890, M. Dejerine offered a communication on the pathological anatomy of Friedreich's Disease. According to him, in this affection the neuroglia shows a net work of very plainly visible fibres which is not shown in the sclerosis of locomotor ataxy. Further the vessels are only slightly inflamed, and the septa of the pia are not thickened. The contrary is the case in tabes. There is not therefore in the affected column any true inflammatory sclerosis, but a sclerosis resulting from an anomaly of development, a veritable gliosis which resembles that described by M. Chaslin in the brains of epileptics. We see therefore that according to pathological anatomy Friedreich's disease is an arrest of development, a malformation, which explains how it can be hereditary, and how it is accompanied with other deformities—in the heart for example. H. M. B.

SIMULO.—Dr. V. Paulet, *Journ. de Méd. de Paris*, 1889, No. 51, reports a number of cases of hysteria treated with simulo in which it appeared to have decidedly good effects. He also employed the drug in a case of ovaritis with severe pain, and one of double pregnancy accompanied by nervous palpitations, violent headache and complete insomnia, and obtained absolute relief in both cases. As regards its use in epilepsy, he does not think that it can supplant the bromides, but that in some cases and under certain conditions, not very well defined as yet, when the bromides seem inefficacious or contra-indicated, it may be very useful. In one of his cases also chorea was apparently benefited by simulo.

The alcoholic tincture of the drug is a bad form for its administration in epilepsy and hystero-epilepsy, since, if given in any quantity, the alcohol may neutralize the good effects.

As regards the safety of the medicine he considers it quite innocuous in large doses. It appears to have, he says, no effect on the pulse or respiration; it causes no depression and no mental excitement, and no disorder of the digestion. H. M. B.

THE DIFFERENTIAL DIAGNOSIS OF HYPOCHONDRIACAL MELANCHOLIA AND THE HYPOCHONDRIACAL STAGE OF PARETIC DEMENTIA.—Dr. E. Régis, in a continued article in the *Gaz. Méd. de Paris*, Nos. 1 and 2, 1890, gives a summary of the points of difference between hypochondriacal lypemania and certain stages of paretic dementia, as stated by the various authors who have written on the subject, as follows:

(1.) The hypochondriacal delirium of general paralysis has a special characteristic of absurdity, hebetude and incoherence. It appears suddenly

and is mobile and inconsistent. The patients argue and speak as if hardly in earnest; they do not emphasize their complaint naturally, (Baillarger, Marcé, Voisin, Luys, etc.) The delirium of lypemania may be monstrous, but it has not the same inconsistent absurdity. The patient believes in his disorder, reasons about it, explains it, and endeavors to convince, and becomes excited at contradiction, (Luys.)

(2.) In general paralysis the hypochondriacal delirium may be complicated with exalted ideas. This is never the case in melancholia, (Marcé.)

(3.) Hypochondriacal melancholia of general paralysis is not favorably influenced by morphine, the reverse of the rule in ordinary melancholia.

(4.) In general paralysis the patients are not hereditarily disposed, nor have they had prior nervous disorders, (Mendel.)

(5.) General paralysis occurs usually between the ages of thirty-five and forty-five, its hypochondriacal melancholia follows the same rule, (Mendel, J. Mickle.)

(6.) Examination of the bodily organs is almost always negative in results, (hypochondria *sine materia*, Mendel.)

(7.) In general paralysis there are often from the beginning slight apoplectiform or epileptiform attacks, and spinal or pupillary symptoms, (Mickle.)

(8.) Later the habitual signs of paralytic dementia make their appearance.

(9.) In melancholia of the anxious type the hypochondria is accompanied with ideas of damnation and of obsession, analgesia, impulses to suicide and self-mutilation from fear of not being able to die. It terminates in delirium of negation, of enormity, and double consciousness, (Cotard, Seglas.)

These distinctive characters, taken from the literature of the subject, M. Régis says, are far from being satisfactory or complete, and the most important of them, such as the peculiar character of the hypochondria and the heredity are of slight value, as they may be met with in either form. Therefore he adds the following:

(1.) Melancholia with hypochondriacal delusions is met with at an advanced age, from forty-five to sixty. It is more common among females than males, in the proportion of 11 to 8, the contrary to what occurs in general paralysis. On the other hand it is like every other kind of insanity, much less frequent in those who have suffered from syphilis than is general paralysis, so that the existence of a prior syphilitic infection causes a strong presumption in favor of general paralysis.

(2.) The hypochondriacal type of melancholia does not appear at the beginning of the attack, but after a longer or shorter period, some months or some years. It is always consecutive to the ordinary phase of melancholia, especially the typical form, the delusions of culpability. It remains associated with this form and combines logically with it. It is tenacious, fixed and persistent. It is rarely accompanied with hallucinations, but terrifying dreams, fear of dying, refusal of food, and tendency to suicide are almost the rule. The patient is subject to paroxysmal crises, more or less acute. For years the intelligence remains intact, the recollection good, and the mental clearness and power are retained to a greater or less degree, sometimes entirely.

(3.) Examination of the viscera is usually negative; nevertheless we frequently meet with a saburral condition, stomachal and intestinal inertia, constipation, increased frequency of pulse, palpitations, and less frequently other functional disturbances. Emaciation is progressive and rapid, sometimes amounting to a veritable cachexia.

(4.) Recovery is possible, nevertheless the case may terminate either in suicide or marasmus, or may pass into the chronic stage. It is in this last condition especially that we meet with the *délire des négation* of Cotard, which appears to be the terminal stage of this form of lypemania.

The author sums up as follows: "That the special type of hypochondriacal melancholia met with in general paralysis may also be met under the same form in anxious melancholia. The diagnosis in these cases may present substantial difficulties. In order to solve the problem it is requisite to take into account all the clinical facts that may serve as distinctive. In order to facilitate this he has thus brought together the principal points of difference as given by the authorities, adding such as have been suggested by his own observations. H. M. B.

New Remedies in Epilepsy.—M. Cornet, under the direction of M. Bonneville, has experimented with several new or rarely employed remedies in epilepsy; among these the bromides of gold and camphor, and picrotoxine. The first of these he finds to have favorable effects in certain cases, but it is inferior to bromide of potassium. No unfavorable symptoms followed the use of the agent in the dose employed,—three centigrammes daily. Elimination takes place through the urine, the bromide can be detected very soon after ingestion and it disappears very slowly. The gold accumulates in the system, it has been found in the liver, and is only discovered in the urine a long time after the beginning of the treatment.

Bromide of camphor unquestionably has a favorable effect on the vertigoes of epilepsy, which it relieves or even suppresses. It also is eliminated by the urine, the bromine as bromide of sodium, and the camphor in the form of derivatives, due changes taking place in the organism.

Picrotoxine has a favorable action on the epileptic attacks in doses of from 1½ to 2 milligrammes. Experimentally it produces epileptiform convulsive attacks, and its toxicity is shown in autopsy by a general hyperæmia of the organs. It is also found accumulated in the liver. H. M. B.

The Ideas of Exaltation of Paranoia.—Dr. Snell contributes a paper with this title. The cases reported are mostly illustrative, but in two of them no exaltation developed itself. The author premises by deprecating attempts at enlarging without due reason the conception of paranoia, believing that, in view of the difficulty already experienced in defining the disorder, all such attempts are productive of confusion merely. The essential symptom of paranoia is the delusion of persecution, based upon hallucinations. This remains in those cases in which exaltation appears. The latter is never present alone in paranoia, whatever may be the case in conditions of weak-

mindedness. The relationship of the idea of exaltation to the general disorder, in point of time, is described under the following heads: 1—(The commonest form.) Exaltation shows itself first after the lapse of months or years, the disorder during this time, having been characterized by delusions of persecution. The two then run on together. 2—Exaltation is present at the outset, with the idea of persecution. 3—It appears synchronously with the latter, then disappears for a time, to reappear in increased force. 4—Exaltation absent throughout the disorder. Cases then follow illustrating these forms. The author proceeds to contrast the melancholiac with the paranoiac. Whilst the former bears his scourge humbly, ascribing the injuries which he believes are done him to his own wickedness, the latter regards himself as the victim of malice, as innocent; and cherishes feelings of revenge. The murder committed by the paranoiac is regarded by him as necessary to his safety; that done by the melancholiac is prompted by a feeling of compassion; by the desire to save the object of pity from future misery. In the former ideas of duty and the tender emotions are subordinated to a hard egoism. Although, as is well known, recovery in paranoia is exceedingly rare, the disorder may come to a stand-still; a state of comparative repose replaces the turmoil of suspicion and dread.—*Zeitschr. f. Psychiat., XLVI Band., IV Heft.* E. G.

Clinical Contributions to Melancholia.—This is the heading of a paper by Dr. E. Mendel, of Berlin, from which a few extracts may be submitted. The author remarks that, although in a given case the diagnosis of melancholia may be universally made, considerable divergence of opinions is met with when it comes to be a question of consigning the case to a sub-class. Every new monograph presents a new division of the subject. The author excuses himself for conforming to the general practice, and proceeds to formulate his own classification. The most prominent symptom in melancholia is the altered state of feeling. The tone of feeling accompanying our sensations is distinct from that which is associated with ideas; we have, on the one hand, sensory feelings; on the other, intellectual feelings; the most prominent amongst the latter being the æsthetic, the moral and the religious. Turning now to the condition of melancholia, we observe cases in which the depression is due to the supposed present condition of some part of the body, or to its anticipated condition. Here it is clearly the sensory feelings which are concerned; they are disordered, and misinterpretation of the various sensations (muscular, organic) results. The cases of hypochondriacal melancholia belong here. In a second series, the patients maintain that they are physically sound; that they need no physician, but deserve to be judged as criminals. Here the intellectual feelings are disordered. In this series would be placed the religious melancholia of authors. Finally, in a third series of cases, both sensory and intellectual feelings are morbidly altered; the patient who believes that he has offended God will also maintain that his body is in some way diseased. These cases the author classes under the heading "general melancholia." The above refers to typical cases of the disorder only; the author recognizes, in addition, various undeveloped forms. According to his observations, "intellectual" melancholia occurs with the greatest, "hypo-

chondriacal" with the least, frequency. Moreover, in men the latter variety occurs far more frequently than in women, in whom the former preponderates. "General melancholia, also, is more frequent amongst men than women." The "hypochondriacal" type is most unfavorable as regards prognosis; in it relapses occur with especial frequency. In general, the clinical picture of the relapse resembles that of the original attack. The author, in conclusion, remarks that, in his experience, treatment by opium is most useful in the "intellectual" variety of the disorder; in the "hypochondriacal," not only has no benefit been observed by him, but in many cases a directly detrimental effect.—*Ibid.* E. G.

HEBOÏDOPHRENIE.—This is the title of a paper by Dr. Kahlbaum. The characteristics of the disorder so named are summed up at the conclusion. A group of cases, according to the author, is to be distinguished amidst the mental disorders of the period of youth, which cannot be classed with any known variety of insanity. What mainly distinguishes the cases in this group is the alteration or perversion of the whole mind. Moral perversion is a prominent symptom, but the designation "Moral Insanity" would not cover all the symptoms observed. An important consideration is that all the cases occur in childhood and youth. In what category, the author asks, have these cases hitherto been placed? Some have classed them amongst the weak-minded, but there is not, in many of them, the slightest proof of a deficiency in intelligence. Still less could they be claimed as instances of melancholia, mania or paranoia. Many such cases have been subjected to forensic procedures, as examples of moral insanity. It does not appear to us that the author shows satisfactory reasons for the coining of a new name. The cases he describes would seem to come suitably under the title of moral insanity; and even those others in which the intellect does not wholly escape might be classed with the examples of affective disorder, without unduly straining our conception of the latter.—*Ibid.* E. G.

PSYCHICAL DISTURBANCE IN COMBINATION WITH MULTIPLE NEURITIS. By Dr. S. Korsakoff, Moscow. The author considers it desirable to draw attention to this combination of disorders, which is but little recognized. It is, in his opinion, highly characteristic. The symptoms of multiple neuritis may be pronounced or slightly marked. The complex of symptoms of the psychical disorder, is in itself distinctive, apart from the physical disturbance. In fact, the whole disease bears a characteristic stamp; that its study has been neglected is perhaps due to the common mode of onset of the disorder—it occurs in the course of the disease, to which the whole attention of the physician is directed. The beginnings, indeed, may be difficult of recognition, since the affection may be a complication of puerperal fever, typhus, diabetes mellitus, or of poisoning by arsenic or lead. The mental symptoms are commonly at the outset insignificant; they may be referred to mere "nervous irritability," or to the general weakness. But presently undoubted disorder shows itself. These develop a condition of unbearable irritability,

of unrest; insanity itself, as indicated by mental confusion with excitement, or marked apathy. The disturbances of memory and association-activity are remarkable. Anxiety and fear are morbidly exhibited; the patient cannot bear to be alone, momentarily expects death or some accident. Hallucinations of sight and hearing occur sometimes, with the wildest excitement. As usual, it is the memory for recent events which fails—though the author calls attention to such failure in this disorder as "peculiar." He alludes to the influence of alcohol in the causation, but insists that the affection (mental) occurs in many cases of multiple neuritis in which alcohol must be excluded. In some cases the neuritic, in others the mental symptoms are more pronounced. Evidently, cure is possible if the cause of disorder is removable, but even so only after the lapse of months, more often years.—*Ibid.* E. G.

The Climacteric in Its Relation to Insanity.—From an elaborate paper upon the influence of the climacteric upon the origin and form of mental disorder, by Dr. Matusch, a few extracts may be presented, drawn from his concluding remarks. The author answers the question, "Is the collection of symptoms observable in the mental disorders of the menopause sufficiently remarkable to warrant us in regarding it as indicative of a distinctive and peculiar disorder?" in the negative. The climacteric, he says, is the cause of psychoses, not of a definite psychosis. He denies that those writers are justified who would reckon the disorders of the climacteric with those of senility. Notwithstanding the definitions of Maudsley and others, who argue for a climacteric insanity *sui generis*, the author expresses his disbelief in the representative character of the symptoms formulated for such disorder; each and all of these may occur alike in senile affections and in those of periods prior to the menopause. As well, therefore, reckon them with the latter as with the former.

From a consideration of the facts the author makes the following statement: The menopause is an ætiological factor in the case of every woman who becomes insane at or near that period; but its operation is only possible in the presence of "organic predisposition" to disorder. In sixty cases it was possible to observe the effects of the menopause upon chronic psychoses; in fourteen, aggravation; in thirteen, improvement "of a kind" was noted. In thirty-three cases there was no alteration at all. Those in which "improvement" took place, exhibited indifference—even weak-mindedness—in place of excitement; the propriety of the term is, therefore, questionable. The author does not doubt that a disorder originating at puberty or later may become cured in the climacteric, but remarks that cases of the kind are extremely rare—especially such as are beyond possibility of doubt.—*Ibid.*

E. G.

Hypnotics.—Dr. Oestreicher contributes a paper upon this somewhat fashionable topic. He reviews the modern remedies and gives useful comments upon their modes of action. Although, says the author, we now have at command an imposing array of hypnotics, complaints are constantly being made by practical medical men that the use of a particular drug, highly

recommended, has resulted in complete failure. In commenting upon this want of success, the author is evidently disposed to lay the blame less upon the drug than the administrator thereof. He remarks that the chemicals employed differ in composition, in solubility, in their respective modes of action; and would clearly have us infer that a more precise acquaintance with the remedies employed would be of benefit to the complainants referred to. Moreover, apart from haphazard administration and unskillful prescription of drugs, (in doses too small or too large), failure is to be explained by the complete neglect to furnish those general conditions, so conducive to sleep, even when artificial. Let these be attended to; let the patient be removed from official and social worries; and the change will avail him more than large doses of strong drugs; whilst the latter will escape unjust criticism. Amongst other remedies sulfonal is discussed. The author remarks upon certain evils accruing from its administration in large doses, (3 grm. and more)—these were giddiness, exhaustion, reeling gait and ataxy. But such disturbances, he adds, leave no permanent ill effect, provided their supervention be taken as an indication for stopping the remedy.—(*Der Irrenfreund, Nos. 3 and 4, 1889.*

E. G.

Questionable Insanity.—Under the heading "Questionable Insanity," a case of some interest is reported in the same periodical. The patient—who was burdened with hereditary tendency to insanity (sister melancholic, uncle drunkard, with idiotic son)—had been regarded from youth upwards as a malicious and selfish person. He was apt, on slight provocation, to regard his rights as infringed upon, and had always law suits pending, accusing first one and then another of his neighbors of misdeeds against himself. His friends—few in number—asserted that his main source of pleasure lay in setting people by the ears. They were of opinion that, if not actually insane, patient was by no means a normal individual. In course of time, having quarreled with his best friends, he left the district; but his passion for litigation followed him, so that he soon acquired a reputation as one who could not rest contented without a dozen actions on hand. He ruined many persons of moderate means. His immediate neighbors removed for fear of complications with him, since he did not hesitate to go to law on the flimsiest pretext—for instance, when the spouts of the adjoining house projected over the partition line. Ultimately he left, to the general relief. But in his new abode his behavior was the same as heretofore. He grew gray in litigation. In regard to morality, whilst professing in society the highest principles, and posing as a churchman, he, in private, had his amours with the kitchen-maid, being a married man and a father. In conclusion, the nature of the case is dwelt upon. The author does not regard it as one of insanity, although he gives the opinion of an expert, to the effect that the man suffered from ideas of persecution, which drove him to reprisals. A passage from Freytag is quoted, in which a class of peasant is pictured as presenting a curious mixture of simplicity, weak-mindedness, malice and cunning, and withal a tendency to persevere obstinately in a course of conduct. The author would refer his case to such a class. It seems, however, by no means clear that the latter deserves any such flagrant addition.

E. G.

MIND-BLINDNESS.—Dr. H. Lissauer gives an exhaustive account of a case of Mind-Blindness, and subjoins certain theoretical considerations, from which the following remarks are abstracts:

The clinical expression of the state—mind-blindness—is distinguished by the peculiarity that a patient, who evidently receives sensory (visual) stimuli of sufficient strength to enable him to differentiate the causes of his sensations, is unable correctly to designate, and to pronounce upon the qualities of, objects presented to him. This definition of mind-blindness has two presumptions: the first, that no general mental dullness is present; the second, that no aphasia exists. With regard to the first requirement, the author shows that it was fulfilled in his case; for the patient designated correctly objects perceived by the senses of hearing or touch. The absence of aphasia was evident; the patient showed no confusion in his use of words; when he took a fork for a pair of spectacles, and pronounced his opinion accordingly, he did not use the wrong word for the correct idea, but the latter itself was false. With regard to acuteness of vision, although it was not quite normal in his case, the author thinks that the impairment was in no way responsible for the symptoms. Color-sense was normal, so that errors from these two sources could be excluded. In order more clearly to appreciate the patient's condition we must turn to the sphere of consciousness. The due recognition of an object requires (1) perception, or apperception, (2), association-activity, by means of which the ideas called forth by (1) are elaborated and complemented. Now, this patient apperceived, but his association-activity was at fault: he consequently failed to recognize. It is conceivable that mind-blindness could be due (i) to disorder of association-activity, (ii), to such in combination with failure to apperceive, (iii), to disturbance of apperception solely. The last mentioned possibility is the only questionable one. The author denies the occurrence of mind-blindness of a purely "associative" kind: no interference with the act of association can occur without accompanying impairment of apperception. He argues, however, for the view that the affection may be the outcome of apperceptive disorder. Though this patient is credited above with apperceptive power, and his was not complete: with complex or elaborate forms he failed. That his association-activity was also at fault—as stated—was apparent on testing him with colors. He could match colors, *i. e.*, he apperceived them. But when *asked* to pick out a color he often failed: evidently the more complicated mental process, based upon association-activity, was impossible. The author therefore brings his case under heading (ii), and believes the *main* failure to have been in the associative process.—(*Archiv. f. Psych. XXI Band, I Heft.*) E. G.

SIMULATION OF INSANITY.—Marandon de Montyel. *Annales d'Hygiène Publique* XXI, 6, p. 526, and XXII, 6, p. 522: 1889. Abstract in *Schmidt's Jahrb:* 1890.

The author holds that the concealment of insanity is much more important and of serious consequence than its simulation, though the latter is much more frequently mentioned. The patients conceal it partly from shame or for some special purpose; only the last leads to permanent and obstinate concealment. They either wish to have their release from the asylum, or they

prefer, in case any legal proceedings are pending, definite sentence to an indefinite stay in the asylum. Of course, only clear-headed patients are likely to do this. They are either cases of moral or impulsive insanity or of moral mania, the concealment of delusions being far the most frequent, and all the author's observations are of this kind.

Paranoiacs conceal their insanity in the first stages of the disease, before their hallucinations have become realities to them, and do so almost always in fear of being laughed at. This has scarcely any forensic importance, but on the other hand, in the second and third stages of the disease, the dissimulation becomes very dangerous, since the patient, for his purposes, may appear as well, so far as he has the control and cunning to do it. As a condition to a successful simulation of insanity the patient should not be continuously troubled with hallucinations. It cannot be denied that in rare cases paranoiacs undergo remissions, and therefore one cannot consider every patient who declares that he has gotten over his hallucinations, and apparently takes a reasonable view of things, as a simulator, but, nevertheless, in view of the almost general incurability of the disease great caution must be exercised in these cases. The best means for discovering the condition of the patient would be quiet but steady observation of his manner. Very frequently he will be unable to repress or conceal involuntary reaction of his sensoral hallucinations; frequently these appear in his writings and they should be carefully examined. Rather less frequently the patient can be observed by the attendant or by the family, and his derangements detected, but sometimes all means fail. In these cases the author advises that the patients who have already been known to be dangerous should have their release postponed as far as possible, and in other cases which are apparently harmless the family should be cautioned fully as to the probability of concealed delusions. H. M. B.

THE CRITERIA FOR THE DIAGNOSIS OF SIMULATED INSANITY.—Venturi and LeMan. Il Manicomia, April, 1889. Page 294, 1889. Abst. in *Schmidt's Jahrb.*, April, 1890.

The following are conclusions:

First. In general it can be said that those individuals who simulate insanity are usually in fact insane.

Second. In examination of a suspect in a case of simulation one must first keep in mind the theory that the pretended insanity in fact exists; then one should employ all clinical methods which aid the diagnosis of the disease, and also keep in mind the facts of their antecedents.

Third. In the insane, the critical power of judgment is always weakened, especially with new and unaccustomed tests, while one does not find this in cases with simulators.

Fourth. The insane are unsociable, therefore when one has to do with suspected cases of simulation, the individual should not be observed in his room separate from others, but rather in contact with other inmates of the asylum. The actual simulator always seeks association with the well or comparatively sane.

Fifth. In mental diseases, with the exception of the acute hysterical

mania, signs of physical and mental degeneration are one or the other never lacking. These circumstances also afford a point for the differential diagnosis of simulation. H. M. B.

THE CONDITION OF THE NUTRITION IN THE HYPNOTIC STATES.—The following are the final remarks of a paper by Gilles de laTourette and Cathelineau, on the Nutrition in Hypnotism, in the *Le Progrès Médical*, No. 17, April 26, 1890.

En résumé. When the subject has been for an hour in a condition of grand hypnotism (lethargy, catalepsy, somnambulism), susceptible of being diagnosed by physical signs of neuro-muscular hyperexcitability, pneumography, we notice diminution of the quantity of the urine, a lowering of the totals of all the urinal excreta, fixed residue, urea and phosphates, with inversion of the formula of these latter. These symptoms are very marked in lethargy and somnambulism, and are still more marked in hypnotic catalepsy. The period of prolonged lethargy or of condition of hypnotic lethargy reveals itself by a still more decided fall of the urinal excreta. These phenomena never extend beyond the period of twenty-four hours dating from the beginning of the experiment. They are additional to those which we have obtained and described in the study which we have made of the chemistry of the attack of hysteria. They show that hypnotism is incontestibly an induced pathological condition. In a chemical point of view, as well as in a clinical one, hypnotism and hysteria have numerous apparent relations. We will add that the state denominated "second," observed in two patients, gave in the chemical point of view only negative or very slight results in the sense that we have here indicated, the same as contractures in hysterical paralysis only slightly influence or do not at all affect the urinal excreta. It is necessary that a crisis should occur for the modifications to be produced. In a technical point of view, we will add that, for the sake of clearness, the weights of fixed residue have been calculated, not according to the one cubic centigramme, as we have hitherto done, but rather by the quantity of urine passed in the twenty-four hours. H. M. B.

CHLORALAMIDE.—The following are the conclusions of an article by A. E. Malshin in *Kowalewsky's Archiv.*, XV, I, 1890, in which he gives details of his therapeutic experiments with the remedy in various forms of mental disorder:

I. Chloralamide, on account of its bitter taste, is not always acceptable to patients.

II. It is best administered in wine.

III. The sleep it produces comes on in from one-half an hour to three hours after administration of the average dose.

IV. This sleep continues from one to ten hours.

V. It is effective in the insomnia of nervous and neurasthenic invalids, of alcoholism and of acute and chronic paranoia, without excessive excitement.

VI. It is ineffective in the sleeplessness of mania, progressive paresis, and acute and chronic paranoia with violent excitement.

VII. After its usage headache and vertigo are frequent.

VIII. There is no evidence of any action on the pulse, respiration, temperature, or the stomach. H. M. B.

PERSECUTORY DELUSIONS IN GRAVES' DISEASE.—At the session of the Paris *Société Médicale des Hôpitaux* February 28th, (rep. in *Le Progrès Médical*, Mar. 8th,) M. Ballet offered a communication on ideas of persecution in exophthalmic goitre. Intellectual disorders (attacks of maniacal agitation most frequently, and sometimes depressive symptoms,) have been noticed for some years amongst the nervous phenomena—observed in the course of Graves' disease, either as complications or associated manifestations. The following case shows that persecutory delusions may develop in this disorder, and how we may attempt to account for the genesis of these ideas. It was a patient who, with the characteristic symptoms of exophthalmic goitre, had paralysis of the bulbar motor nerves. He exhibited, further, a special form of delusions of persecutions. Suspicion was his dominant characteristic, it definitely marked his delusions, and amongst his persecutors he specially accused three: his father and Dr. Deborn and M. Ballet. These delusions led to one attempt to kill his father and to one attempt at suicide. These pathological ideas have undoubtedly their *raison d'être*, and it is important to seek for it. In the patient, as in the majority of cases of persecutory delirium, the delusions arose from hallucinations. These hallucinations were visual and auditory, and they appear to have been frequently olfactory also. Dreams also seem to have assisted in their origin. What is the nature of this insanity? We can, says M. Ballet, unhesitatingly exclude the progressive systematized psychosis, from the evolution of the disorder and by the fact that visual hallucinations predominated while they are the exception in true delusional insanity. A toxic cause may also be suggested, but there was nothing in the case to authorize any theory of alcoholic or other intoxication. The delusions were therefore due either to the goitre or to hysteria. In the patient they are exactly like those due to hysteria. Nevertheless, M. Ballet does not consider that in this case we have simply to do with hysteria. He thinks that the peculiar mental condition due to the goitre was the secondary element that gave rise to the delusions. Two elements are required to produce delusions of persecution, hysteria gave rise to the hallucinations, and the Graves' disease took them up and produced the delusions. This is his provisional explanation derived from his study of the subject. H. M. B.

RECENT PROGRESS IN CRIMINAL ANTHROPOLOGY.—Professor Lombroso, has an article on the above subject in the *Centralblatt für Nervenheilkunde* for April and May, 1890, which is a résumé of a book soon to be published. It is too much condensed for further abstraction, and we can only indicate the conclusions to which he comes—namely, that insanity, epilepsy, crime and genius are various manifestations of the same neurosis. We believe it was Pope who sang, long ago:

> "Great wit is unto madness near allied,
> And thin partitions do their bounds divide."

There should be little difficulty in securing assent to a doctrine so comfortable to the great majority of mankind. W. L. W.

Diagnosis of Disease of the Thalamus Opticus.—Nothnagel [*Zeitschr. f. Klin. Med., 1889,*] lays down the diagnostic principle that the path for involuntary motor impulses to the facial muscles arising under the influence of the emotions passes through the optic thalamus. Consequently, when, in cases of paralysis of the facial muscles, voluntary movement is impaired or abolished, while the movements of smiling, weeping, &c., are equal on both sides of the face, the thalamus and its connections with the cerebal cortex are intact. When, on the other hand, the voluntary movements of both sides of the face are unimpaired, but emotional movements take place only on one side, it is evidence of injury to the opposite optic thalamus. W. L. W.

Influenza and Nervous Diseases.—Dr. VanDeventer, of Amsterdam, reports a number of cases in which influenza was a cause or complication of nervous or mental disease. In drinkers it frequently brought on an outbreak of delirium tremens. Violent hysterical attacks supervened in several instances. In two cases in which a previous history of epilepsy was denied, epileptiform convulsions occurred. Influenza was apparently the exciting cause of attacks of insanity in a number of cases in which there was already a strong predisposition. The author does not consider that there is anything specific in the nervous affections due to this disease.—*Ibid.*, May, 1890.

W. L. W.

Results of Pasteur's Treatment of Hydrophobia.—The *Journal de Médecine de Paris* [II, 13] asserts editorially that the mortality from hydrophobia in France has not diminished since Pasteur instituted his treatment. In support of this statement it gives a list of deaths of residents of France who have undergone the treatment during the four years beginning November 1, 1885, giving name, residence, date of bite, date of treatment, date of death, and duration of incubation in each case. The numbers are as folluws:

1885–6,	21	deaths.
1886–7,	27	"
1887–8,	23	"
1888–9,	21	"
Total,	90	"

In addition, sixty-four persons have died of hydrophobia without having undergone the treatment—an average of about thirty-eight per annum, which is said to be more than the ordinary rate in former years.

Elsewhere the same journal quotes from the Provincial Medical Journal statistics of the mortality from hydrophobia in England during the last twenty years. The total number of deaths reported is 359, an average of 18 per annum. W. L. W.

THE TIME OF ASSOCIATION OF IDEAS.—Féré experimented on this point by determining, by means of a chronograph, the length of time between the perception by the subject of the experiment, of a written word, and the pronunciation of another word suggested by it. He found the time shortest in healthy adult men. Old men and epileptics, adult women, children and hysterical women followed in the order given. Fatigue, mental or physical, illness, pain, and depressing or distracting influences of all sorts, increased the time. Small doses of alcohol, tobacco and opium diminished it; large doses increased it. In the epileptics the time was much increased after a convulsion, when the patient had sufficiently recovered to carry out the experiment intelligently. In general the time of association was affected by the same circumstances and in the same way, although not always to the same extent, as the energy of voluntary movements, sensibility in its various forms and the time of simple reaction.—*Gaz. Méd. de Paris, VII, 18.* W. L. W.

CASE OF DIABETIC PARAPLEGIA.—Professor Charcot exhibited a case of this affection at a lecture delivered December 13, 1889. The patient was a baker, aged 37, of good habits. His father committed suicide, and two of his five brothers and sisters were insane. He had noticed failure of strength for about three years. Diabetes mellitus was discovered in February, 1888. At this time he was eating largely and drinking enormously without being able to satisfy either hunger or thirst. He had been without treatment most of the time on account of poverty. At the time of his reception at the hospital he was passing great quantities of highly saccharine urine; the quantity of sugar excreted in twenty-four hours reaching, in one instance, the enormous amount of 1 kilog. 035 grammes [about two pounds]. The excretion of urea was also very great, averaging about 130 grammes [2006 grains] per diem. He was emaciated, senile in appearance, and very weak. For about eighteen months he had suffered from lightning pains in the lower extremities, formication in hands and feet, and sensations, sometimes of cold and sometimes of excessive heat in the feet. Slight incontinence of urine; no loss of control over sphincter ani; habitual constipation. The knee-jerk was absent; he swayed in standing with eyes shut; pupils reacted normally to light and in accommodation. Sensibility to touch and pain normal; muscular sense impaired. Walk hesitating and uncertain, but not ataxic; feet raised high in walking on account of paralysis of the extensors. Muscular atrophy could not be clearly made out. Reaction of degeneration in the muscles of the anterior aspect of the leg, and diminished electrical excitability of the other muscles of the leg and thigh. No cerebral symptoms. Double otitis media, with perforation of both tympana.

After considering the possibility of diabetes as a result of locomotor ataxia, or in combination with it, the lecturer decided in favor of a peripheral neuritis, resulting from the diabetes. At a subsequent lecture, March 18, 1890, he exhibited the same patient. The excretion of sugar and urea had greatly diminished under appropriate diet, and all the nervous symptoms, with exception of the feeling of excessive heat, were greatly improved. The reaction of degeneration had disappeared, but the electrical excitability of

the anterior leg muscles was still somewhat diminished. The lecturer called attention to the analogy between this condition and alcoholic paralysis.—*Arch. de Neurol., May, 1890.* W. L. W.

PATHOLOGICAL ANATOMY OF FRIEDREICH'S DISEASE [HEREDITARY ATAXIA].—Blocq and Marinesco found the following lesions in the spinal cord of a subject of this disease:

The columns of Goll were uniformly degenerated throughout their whole extent. The columns of Burdach also showed degenerative changes in their whole length, but varying considerably in different regions. The crossed pyramidal columns were uniformly degenerated up to the lower part of the medulla oblongata, where the changes were less marked. The cerebellar fasciculi were attacked from the lower dorsal region to the lower part of the medulla oblongata. Both the medullated fibres and the nerve-cells had almost entirely disappeared from the columns of Clarke. In other parts of the cord there were no sclerotic changes, but large fibres were much less abundant than in the corresponding portions of healthy cords, and the cord as a whole was much below the normal size. The posterior nerve roots were degenerated.

The authors give abstracts of the post-mortem appearances found in ten cases reported by other writers, which seem to have been in most respects similar. They conclude that the disease is due to a congenital defect of development, which from the small size of the fibres and of the cord as a whole, they incline to think extends to all parts of the cord, the regions attacked being the most vulnerable by reason of their late development.—*Ibid.*

W. L. W.

BOOK REVIEW.

Etude Anthropométrique sur les Prostituées et les Voleuses, par le Docteur PAULINE TARNOWSKY, (Anthropometric Study of Prostitutes and Female Thieves, by Dr. PAULINE TARNOWSKY.) Paris, 1889: *Bureaux du Progrès Médical*. 8vo., pp. 226.

This is a study of the physical, mental and moral condition and ancestral antecedents of one hundred and fifty prostitutes and one hundred habitual female thieves, compared with one hundred and fifty women of good character, of whom one hundred were illiterate peasants and the remainder educated women. All were of pure Russian race.

The author's attention was directed to prostitutes by the fact that, notwithstanding the disgraceful and, to any rightly constituted mind, disgusting character of their occupation, they follow it, as a rule, not by force of circumstances, but from preference, as shown by the fact that they return to it voluntarily when provided with the means of earning a respectable and comfortable living. So abnormal a state of feeling must, she thought, indicate a mental defect, which would be likely to be associated with defective physical development. This assumption would seem to have been fully borne out by the facts. The average size of the cranium was found to be less in all dimensions in the prostitutes than in respectable women; the face, on the contrary, larger. The prostitutes averaged a little more than two ctm. less in stature, and deviated in various other respects from the normal standard. Physical signs of degeneration, such as asymmetry of the face, malformations of the cranium and face, and of the ears, defective dentition, vaulted palate, &c., were found to be very frequent among them, eighty-two per cent presenting more than one such abnormality, against two per cent among the educated and fourteen per cent among the illiterate women, taken for a standard of comparison.

As to hereditary antecedents, one hundred and twenty-six of the whole number of prostitutes had intemperate parents, and in fifty cases both parents were drunkards. Of the peasant women sixteen per cent were of intemperate parentage. Six per cent of prostitutes had epileptic, and three per cent insane parents. Hereditary syphilis was ascertained in four per cent.

Intellectually, the prostitutes were found, without exception, to be either weak-minded or of neuropathic constitution.

The habitual thieves were found to be, as a class, somewhat superior to the prostitutes, both physically and mentally. The average size of the cranium, in them, was intermediate between that of the prostitutes and of the respectable women, and their average stature was very slightly greater than that of the latter class. Seventy-nine per cent presented two or more physical signs of degeneration. Forty-nine per cent were of intemperate, four of epileptic, and two of insane parentage.

The author concludes that both prostitutes and thieves are, as a rule, of defective organization, but that the former depart more widely than the latter from the normal standard, and go far to compensate for the disparity in the numbers of criminals of the two sexes. For the abolition of the evils which they respectively represent, she looks more to such hygienic and educational measures as shall forestall them than to repressive legislation or reformatory efforts. Perhaps she does not rate highly enough the influence of circumstances even on old offenders, but there can be no doubt that in such matters prevention is far better than cure.

W. L. W.

BRITISH CORRESPONDENCE.

Dr. Yellowlees.

The April number of the American Journal of Insanity is especially welcome on this side of the Atlantic, not only for its general excellence and the promise which is given by the appearance of Dr. Cowles' first paper on the psychology of insanity, but because of the splendid portrait of Dr. Yellowlees, the coming President of the Medico-Psychological Association, and the charming and graphic biographical sketch given of his professional career. We are looking forward to a telling address from him when he occupies the presidential chair in Glasgow next month.

Nursing Committee Medico-Psychological Association.

The session of the annual meeting will this year be a very interesting one, not merely because it takes place on Scottish soil, but because the Revising Committee appointed at last annual meeting under the chairmanship of Dr. Newington, of Ticehurst, will have a very carefully considered report and recommendation to submit to the Association. If at the annual meeting this report is adopted we shall have a uniform system for the training of attendants and nurses which will adapt itself beneficially to all asylums which undertake the training of attendants.

New Scotch Asylums.

The schemes for new asylums in the Glasgow district, referred to in previous correspondence, have now taken practical shape, and in the four lunacy districts of the county of Lanark, new asylums and structural changes to the tune of over £250,000 are in progress. Naturally the Glasgow district will be a centre of interest for some time to come when these asylums have approached completion, and it will be useful to observe what real advances have been made in asylum construction in Scotland since the days when Woodilee Asylum, Lenzie, was taken as a model, and in some respects very much overrated.

A. C. C.

NOTES AND COMMENTS.

THE LATE DR. BUTLER.—It affords the Journal of Insanity genuine satisfaction to be able, with this issue, to present its patrons with a portrait of the late alienist patriarch of Hartford, the venerable Dr. J. S. Butler. Our frontispiece is a fitting accompaniment of the memorial sketch, printed elsewhere, from the pen of one who knew him well.

In the death of its subscriber of forty-six years' standing, the Journal sustains the loss of a staunch friend, in proof of which the editor may be pardoned for printing the following extract from a letter written but three months before the close of his noble life:

315 ASYLUM AVENUE, HARTFORD, February 20, 1890.

MY DEAR DOCTOR—The only photographs I have had taken for months have just now come in. The first one goes to you. This is not sent for publicity, but to help keep me in your kindly regards.

I am contentedly passing the quiet, retired life but becoming the old workman, born in 1803, who has at this date a natural right to rejoice over the grand advance of that Humanity to which your heart and mine are so gratefully wedded.

I am gradually recuperating from a severe and prolonged attack of "La Grippe," that peculiar, non-contagious epidemic, which I hope has "passed by" you. Pray tell me, have we any history to compare with it?

The Journal is ever most welcome. It is so decidedly in the advance, as from its position and rare opportunities it should be. It is doing a real good and greatly needed work, and I heartily thank you for it. These are not idle words of compliment. You will remember that I date some years back of 1843, (organization of Association), and have a right to speak frankly and truly as I am somewhat apt to do. * * * *

Heartily yours,

J. S. BUTLER.

It has been our privilege to receive several similarly sympathetic letters from the deceased, to quote from which, under circumstances other than the present, might seem indelicate. His written words go to illustrate that "large-hearted charity and cheerful optimism" of which Dr. Cowles makes special mention, as well as his "cordial sympathy and rejoicing" in all human endeavor in behalf of the insane. On reading his hearty exhortations the privileged correspondent always felt that he was receiving the blessing of a good old man and became the richer for the benison.

His quaint, old-fashioned phrases used to suggest a type of man that is all too rare in this age of selfish, pragmatical living, and all the more precious by reason of its rarity. "Dear Doctor," he wrote, "the world moves! Christian civilization is wonderfully advanced. Hope ever and work on! prays your hearty friend." Again: "I wish you good luck in the name of the Lord!"

Dr. Butler was a deeply religious man, but there was nothing of cant or sanctimoniousness in his composition. He exemplified by his strong, steady, masculine piety the old heathen saying, *Religentem esse oportet, religiosum nefas!* Let us 'keep him in our kindly regards' always!

Proposed "Reforms" in Pennsylvania.—The Pennsylvania State Medical Society at its annual meeting in June last, adopted, after much discussion, the following resolution: "That it is the sense of this Society that the medical superintendents of our State insane asylums shall be restricted exclusively to the treatment of the insane inmates, and that one or more female physicians should be appointed, whose duty, under the control of the superintendent, shall be to have charge of the female insane patients, and we urge the legislature to enact such laws as shall make these reforms obligatory."

While "the sense" of the Society is not so elegantly expressed in the above but that a strict constructionist might find some flaws in the phraseology, the meaning is sufficiently clear, we imagine, not to need interpretation, and we hesitate—in the language of Mrs. Malaprop—to asperse the Society's parts of speech. No one, we suppose, will for a moment think that the superintendents who are to be "restricted exclusively to the treatment of the insane inmates," are really to be forbidden to prescribe for and treat such inmates of their hospital households as are not insane and happen from time to time to need their services. And we presume that the sense of the Society is intended to be as strongly expressed on the woman question as on the duties of the superintendents, though the resolution says the superintendents *shall* be restricted, etc., while the appointment of female physicians is something which *should* be accomplished. Or are we mistaken? Has the experiment with female physicians, we mean physicians who are females, as distinguished from physicians for females, been of such doubtful success in Pennsylvania, that the imperative "shall" is made to give place to the somewhat doubtful "should?"

There is already a law on the statute books of Pennsylvania permitting the appointment of women physicians in her State Hospitals for the insane, and in two of the hospitals women physicians have the care of the women patients. In one of these the sole medical responsibility for the care of the women patients rests with women physicians.

Those who formulated the resolution which we have quoted, and urged its passage, doubtless offered some reason for the faith that is in them, and we shall look with some interest for the published transactions of the Society, to learn what those reasons were. Ten years' trial at Norristown, and experience nearly as extended at Harrisburg, must have produced some results which are susceptible of comparison with the work of other institutions, and with the earlier work at Harrisburg. We trust that the advocates of the measure seeking the appointment of women will give the profession the benefit of such a comparison.

That portion of the resolution aimed at the superintendents is evidently intended to intimate that the duties of those gentlemen should be strictly of a medical nature. That the management of the household, the discipline of subordinates, the directions concerning the butcher, the baker and the candlestick-maker, should devolve upon others, while the superintendent is "restricted exclusively to the treatment of the insane inmates."

Of the few institutions where the work of the medical men is thus restricted rumor speaks of poor discipline, internal discord and confusion and meagre results. We doubt very much if any physician jealous of his reputation, and anxious for good work and harmonious conduct of affairs, would seek responsible medical positions in institutions thus conducted. There could indeed be no responsible position to seek, as no one could be held accountable for the issue of medical measures which might be frustrated by the ignorance, insubordination or the open or secret opposition of others.

Curiously enough, while writing these lines a letter comes to us from a medical man unfortunately trammeled by just such restrictions as the Pennsylvania Medical Society would have imposed, introducing a tried and trained subordinate in search of a position. He states, after recounting the valuable services rendered by this person, and that he parts with him with genuine regret, that his departure "is another example of the loss of good men, the result of a conflict of authority."

But what will the Solons of Pennsylvania consider exclusive restriction to the treatment of the insane inmates? How and upon what theory have the promoters of this resolution mapped out the restrictions? In London a movement is on foot to establish a hospital for the insane upon the same basis as the general hospital, with a resident staff of medical *internes* and a visiting staff of specialists in various departments of medicine. There is to be no medical superintendent to provoke future expressions of "sense" from medical societies, and all the medical men connected with the proposed hospital are to be restricted exclusively to the treatment of the insane inmates. Dr. Clifford Allbutt was called upon by the committee of the London County Council having the matter in charge to express his opinion upon the proposed measure. At the outset he expressed an entire lack of faith that much was to be expected from mere "bottle-medicine" alone in the treatment of insanity. Referring to the management of a hospital for the insane, he says: "The management of the place—and under management I include all the amenities of the place, as well as the mere stewarding of the house—the personal qualities of the medical superintendent and the personal qualities of every member of the medical and nursing staff is really the *cure*. * * * That system, you see, makes your superintendent everything, and, subject to him, makes your staff everything also. The superintendent is your medicine; the staff is your medicine; the nurses are your medicine; your conservatory and your entertainments, your birds, your garden and your farm are your medicines; and these things cannot be prescribed by visiting physicians."

If the Pennsylvania Medical Society should seek Dr. Allbutt's advice in defining for that proposed law the exclusive restrictions in the duty of the medical superintendents of that State, it might be surprised to learn how *inclusive* rather than exclusive those duties should really be. It may not be out of the way to inform the members of the Society that Dr. Allbutt is not and we believe never has been an asylum officer. Indeed, his recent appointment as Commissioner in Lunacy met with opposition from the specialty because of his being a general practitioner.

Long ago, Dr. Conolly, the great disciple of non-restraint, wrote of the duties of a medical superintendent of an asylum: "The whole house and every great and every trifling arrangement, the disposition of every officer and servant should be in perpetual conformity to his views, so that one uniform idea may animate all

to whom his orders are entrusted, and the result of one uniform plan. Nothing should be done without his sanction, the manners and language of all who are employed in the asylum should but reflect his, for everything done and everything said in an asylum is remedial or hurtful; and not an order should be given, or a word spoken, except in accordance with the spirit of the director of the whole establishment."

We have heard more or less in times past and in these recent days, of medical superintendents who were busy with plumbing and farming to the neglect of their medical duties. We suspect that under the visitation of an epidemic of typhoid or diphtheria the medical superintendent who had neglected his plumbing would be judged guilty of the neglect of medical duties of the first importance. As to the farm, we doubt if any superintendent in Pennsylvania or elsewhere has seriously trespassed upon time which should have been employed in making diagnoses, applying therapeutics or recording pathological observations, in giving range and freedom to his bucolic tastes. If he has sought diversion from his trying and multiform perplexities in rural occupations he has been the better man and the more successful physician for the change. If his ideas concerning the good conduct of all connected with the interests over which he presides have led him to take active direction of occupations not of a medical character it has doubtless been with a view of working to the best interests of his patients, and because he believed that in so doing he was promoting the best "treatment of the insane inmates."

We shall watch the outcome of the movement with interest, and if the proposed "reforms"—how apt doctrinaire innovators are in the use of that word!—are accomplished it will be interesting to note, after a few years, what has been the practical effect of the experiment as regards the "sense" of the Pennsylvania State Medical Society.

Two Appalling Fires.—No more serious disaster has been chronicled in asylum history than the destruction by fire of the Longue Pointe Asylum on May 6th. The fire, supposed to have started in a cupboard by a patient, broke out in the western wing at half-past eleven o'clock in the morning, and before night the great structure was a smouldering mass of ruins. From the start there was no hope. The fire department, summoned immediately from Montreal, found the building constructed without apparent

anticipation of fire—"as if built to spread it"—and an entire lack of suitable appliances for protection against such an accident. The maximum water pressure, on the first story, was enough to carry a quarter-inch stream about ten feet, and the supply was exhausted in a half hour! Had there been sufficient water it is supposed that the eastern wing of the institution might have been saved. Failing in all efforts to diminish the fury of the flames, attention was given to the rescue of the patients, and in this many tragic scenes were enacted. In the rear "the agonized faces were seen at the windows, the frenzied hands were grasping the heated bars, vainly endeavoring to pull them from their sockets, that the doomed women might leap to a speedier but no less certain death; it was here that the faces at the bars became invisible through smoke and flame, that the cries and groans gradually became fainter and finally died out in the roar of the flames and the cries of horror and anguish of the on-lookers." The firemen secured an entrance into the second flat through the galleries on the outside, and then reached the top, where, guided by cries, they broke in the door of a ward of dements, and found about twenty women huddled together. Efforts to save them were unavailing; the infatuated creatures, led to the stairs, rushed back to the burning room, and the firemen, barely escaping with their lives, looked back upon the burning mass of humanity, where they saw "the hair singed off, the clothing aflame, and the flesh and skin pealing in the terrible heat as the blaze ran along the floor, and burned them as they stood, some trying to protect their faces with their hands, until they sank—human beings fairly roasted before their eyes!" A few only of them were saved. One fireman, in an attempt to rescue a patient, was thrown downstairs and his foot broken. Three sisters endeavoring to save one of their order who was sick in bed, were overpowered by the heat, and all four perished. There were 1,300 patients in the building. The number lost is not known as the records were destroyed, but has been estimated at about two hundred—all women.

The Hospice des Aliénés de St. Jean de Dieu, at Longue Pointe, ten miles from Montreal, was founded in 1873. The government, desirous of closing the St. Jean-de-Iberville Asylum, and of relieving the overcrowded Beauport Asylum, came to an understanding with the Sisters of Providence, with the view of establishing an asylum for idiots and the insane. The erection of the edifice was commenced in the following year, and the first patients were

admitted in 1875. The building was of red brick, and consisted of a centre and four smaller buildings connected with it as wings, and had a frontage of 630 feet, facing the St. Lawrence river. The central structure was six stories in height, including the basement and attic, and the smaller buildings were five. The main floors were surrounded by outer galleries enclosed by pallisades. The roof was continuous, and had no division walls, and the ventilating shafts, extending from foundation to roof, with numerous connecting flues on the different flats afforded excellent channels for the conduction of the flames.

The catastrophe is attributed to the cheapness of construction due to the penurious policy of the Province in providing for its insane. The "farming out" system, under which the Sisters of the Longue Pointe Asylum contracted to care for their patients, received well-merited criticism from Dr. Tuke, in his review of his impressions of American asylums, received during his visit in 1884, and his courteous plea for a change of policy received only abuse from those whom it was most calculated to benefit. It is to be hoped that the terrible accident at Longue Pointe will carry the lesson to the Provincial authorities which friendly admonition failed to convey, and that one sad experience will be sufficient to secure for the insane of Quebec the care and treatment demanded by modern methods and modern sentiment.

Following upon the heels of the Canadian disaster came another in the State of New York. The Chenango County Poor-house and Insane Asylum, situated at Preston, was destroyed by fire during the night of May 7th and 8th. The fire was discovered at eleven o'clock in the evening in the north wing of the main building. There was no apparatus for protection against fire, and a "bucket brigade," one hundred strong, was soon formed, but all efforts to control the flames were unavailing. The paupers and insane were removed from the buildings as soon as possible. It is thought that thirteen perished in the flames. The loss has been estimated at $20,000.

Hospital *vs.* Asylum.—The movement to change the name of the State Lunatic Asylum at Utica to the Utica State Hospital has not only crystallized in legislation, but led to the re-naming of all similar State institutions throughout the State of New York. Thus, the Willard Asylum for the Insane is now the Willard State Hospital; the Buffalo Asylum for Insane is the Buffalo State

Hospital; and, similarly, we now have the Binghamton State Hospital, the Middletown State Homœopathic Hospital, and the St. Lawrence State Hospital. The projectors of the Hudson River State Hospital showed their wisdom in anticipating the more humane and more advanced conception of institutions for the care and cure of the insane, and may fairly claim to have initiated the movement of 1890, though a further, and vastly important, step has been taken in eliminating from the legal style and title of our institutions the words "lunatic" and "insane."

It is in the highest degree gratifying to note with what acclaim the change has been welcomed by patients and the public at large and to observe how speedily the example of New York is being followed by other States and countries. Even in the far-away dominion of King Kalakaua we find the Superintendent of the Oahu Insane Asylum recommending in his report to the Minister of the Interior that hereafter his institution be known as the Hawaiian Hospital.

THE WILLARD SUPERINTENDENCY.—Dr. Charles Winfield Pilgrim, for eight years assistant physician at the Utica State Hospital and associate editor of this Journal, has been chosen Medical Superintendent of the Willard State Hospital *vice* Dr. P. M. Wise, whose appointment as Superintendent of the St. Lawrence State Hospital has already been announced.

By reason of inability on the part of Dr. A. R. Moulton, Inspector of Lunacy for Massachusetts, to meet the requirement of the Civil Service Commission as regards citizenship of the State of New York, the appointment was offered a second time to Dr. Pilgrim, who had theretofore declined to sever his connection with the Utica State Hospital. Massachusetts is thus fortunate in retaining Dr. Moulton in the service of the Commonwealth, while the great loss felt at Utica by Dr. Pilgrim's departure may be taken as the measure of Willard's gain, and in so far the managers may well congratulate themselves on having secured his services as superintendent.

Promotions have occurred at Utica in the order of seniority, and the vacancy on the staff has been filled by the appointment, as fourth assistant physician, of Dr. Richard R. Daly, late of Bloomingdale Asylum.

OBITUARY.

JOHN S. BUTLER, M. D.

John S. Butler, M. D., died at Hartford, Conn., on the 21st of May, 1890, of chronic Bright's disease, in the eighty-seventh year of his age. He was born at Northampton, Mass., in 1803. He graduated at Yale College in 1825; and after beginning the study of medicine in the office of Drs. Hunt and Barrett, of Northampton, he attended a course of lectures at the Harvard Medical School; continuing his professional education at the Jefferson Medical School he took his degree there in 1828. From 1829 he was engaged for ten years in general practice in Worcester, Mass., where he was a frequent visitor at the Lunatic Asylum, and gained from Dr. Samuel R. Woodward his interest in the care of the insane.

In 1839 the Boston Lunatic Hospital was opened, as the result of the active efforts of Mayor Samuel A. Eliot, to relieve the deplorable condition of the insane confined in the House of Industry. Dr. Butler was appointed the first superintendent upon the recommendation of Dr. Woodward, and was in charge of the hospital for three years, when he resigned. A letter written at that time by Mr. Eliot, then ex-mayor, bears explicit testimony to Dr. Butler's success in removing the insane from "shocking cells," and treating them with "mingled kindness, care and skill." Similar evidence was given by Amos Lawrence, Drs. Hayward, Reynolds, Storer and others, of his special aptitude for the care of the insane, justifying Dr. Woodward's estimate of him.

In 1843 he was chosen superintendent of the Connecticut Retreat for the Insane, and there he found a proper field for his marked abilities. For thirty years of continuous service he kept the institution in the front rank of contemporary progress. His influence was large and useful, and was felt in the establishment of the State Hospital for the Insane at Middletown. The Retreat then having its crowded wards relieved of the pauper patients, Dr. Butler was able to advance his cherished ideas of the "individualized treatment of the insane," which are embodied in his book upon that subject entitled "The Curability of Insanity," published in 1886. The picturesque grounds of the Retreat with its beautiful lawn, and the improvements initiated by him in the

buildings, bear testimony to the earnestness and correctness of his belief that his patients should be surrounded by attractive and home-like conditions.

He was one of the "original thirteen" who organized the "Association of Medical Superintendents" in 1844, and was its vice president for eight years, 1862–1869, and president for three years, 1870–72. He was an honorary member of the Medico-Psychological Society of Great Britain. In 1872 he resigned his superintendency and retired at the age of seventy years, continuing however an expert and consultation practice. In 1873 he was made the first president of the Connecticut State Board of Health which published his first annual address on "State Preventive Medicine." He resigned that office after ten years, but retained his membership in the board until his death.

Such a brief enumeration of its chief events serves to divide a lifetime of nearly four score years and ten, as if into the stages of a journey. If life is a warfare each of such events may stand as the beginning of a campaign—some of them preparatory to engagement in the main issues, and others are as the retiring from battles lost or won, or to happy seasons of peace assured.

Dr. Butler's life was one whose main events were few, such as adorn, with their dates of month and year, the pages of a biography; but significant as is each one of such events to those who can apprehend their full meaning, they do little more than measure the periods of such a life's work and tell nothing of the springs of its noble activity. Thirty three years of Dr. Butler's active life were given to the responsible care of the insane as the superintendent of two institutions, although this service did not begin till he was thirty-six years of age. His ten years of general practice were an especially valuable preparation, for in that period Dr. Woodward became his friend and preceptor in the study of mental disease. Thus, for a well-rounded fifty years, his chief professional interests were centered upon the care and relief of the insane—and his interests were always earnest and whole-hearted. To these fifty years should be added those earlier ones of frequent visitation to the Worcester Asylum, where he caught his inspiration as he sat at the feet of one of the masters in our special calling.

This is a rare history, and it is of a noble life; its true measure is given when we regard it as itself all one event in the history of American psychiatry. It was coincident with the period of development of the hospital care of the insane in this country,

after the beginnings made in the three or four of its first asylums. Those years were to Dr. Butler full of self-sacrificing devotion and of steady usefulness in his work. From the time of Dr. Woodward's commendation of him to the Boston authorities as the best man to reform the horrible abuses of their alms-house custody of the insane, Dr. Butler found in his life's warfare the chances of defeat and victory; he was too true a soldier, and too loyal to his cause, not to press its issues. But it came to years of peaceful retirement at last, and to the delighted contemplation of the progress of the world's work in the humane cause which he so much loved. His useful life ended with its Christian warfare won.

His distinguished personal traits were large-hearted charity and a cheerful optimism; these never deserted him even in his last days. He never grew to be an old man in spirit; he always loved young men—he loved his "boys," as he called them, who began their professional lives under his inspiring teachings and example, and he always watched their progress in life with solicitude, cordial sympathy and rejoicing in what they did and hoped to do. Young people loved him and he was always a companion with them to his latest days.

In paying this brief tribute to Dr. Butler's memory, the writer has grateful remembrances of him as preceptor, counsellor and friend. His example and teachings were those of noble Christian charity and kind-hearted sympathy for the weak and afflicted. He loved to talk of Pinel, the Tukes, Conolly and Woodward, and was always true to the humane principles taught by them that inspired his earliest work for the insane. His practice impressed these principles upon his pupils and his assistants, and they but duly acknowledge their debt to him when they speak of him with love and reverence. The concluding paragraph of one of the last letters received from him by the writer of this memoir, reveals so much of the character of the man that it may be fitly quoted here:

"*Dear Doctor*—I well know what such work means; hard work, and weariness of body and mind, and, worst of all, weariness of heart, but in the end peace and joy! Such rewards never come with ease. Oftentimes the refrain of dear old Paul Gerhardt's German hymn brought me cheering faith and strength. Here it is:

'God liveth ever,
Wherefore, Soul! Despair thou never.'

Amen! say I to you, and with blessings."

Dr. Butler was strong upon the practical side; a shrewd observer, he had a rare insight into human nature and he used it wisely and kindly. His interests were always enthusiasms; he was genial and courteous, earnest and sincere. He had a pleasant humor, and was always ready with a merry conceit, a quaint saying, or an apt anecdote. Among the pleasing reminiscences of the Retreat his house pupils remember how Dr. Butler delighted to take all his staff with him and make a procession through the house. In the parlor of every ward where it was possible, all the patients were gathered, and then the Doctor was in one of his best veins. It was always a treat to his staff, and the patients were cheered and enlivened, as a heavy atmosphere is made bright by a fresh breeze and sunshine. His sympathy was broad and generous, and to his patients he was always a personal friend, as well as good physician; he was remarkably successful in winning their confidence and affection. His method is illustrated by the incident of the dangerously violent woman whom he removed from a "cage" at South Boston to a ward of his hospital. Upon his entering it one day she rushed at him with evidently malicious intent, and was unexpectedly met by the Doctor's graceful presentation of a daisy with which he had prepared himself as he was coming in. In her surprise wrath was changed to pleasure, and finally he quite won her heart by the gift of such a beautiful print dress as she had not seen for years. His faith in the efficacy of sympathetic words was exemplified in the "mornings on the lawn" at the Retreat, where he soothed the fears, and planted the seeds of hope in the hearts of many unhappy patients.

In all these ways his work was well done. It was for such traits and qualities that his patients loved him; and his teachings by precept and example were the cause of good in others by his personal influence upon two generations of men. It is eminently true of him to say that the good men do lives after them, and his full fifty years of devotion to the care of the insane make a record of a rarely useful and well-spent life. E. C.

EDWARD C. FISHER, M. D.

Dr. Edward C. Fisher, the venerable assistant superintendent of the Western Lunatic Asylum, at Staunton, Va., died in January, 1890. Dr. Blackford, the superintendent, in an official

communication to the Board of Directors of the Asylum, thus speaks of him:

For over a quarter of a century Dr. Fisher has been connected with the medical department of this asylum, identifying himself with all its interests with a comprehensive skill and sagacity and a conscientious fidelity in the discharge of every duty involved, which secured for him, for those committed to his care, and for this institution the happiest results. The accuracy and variety of his knowledge, the soundness of his judgment, his long experience, and his exact comprehension and appreciation of the needs of the unfortunate insane under his charge, were fully recognized by his associates, who were familiar with his wonderful tact in the management of them.

His inbred sense of honor, his courteous and dignified bearing, and his gentle manner gave him a delightful charm as a companion.

Strong, though not demonstrative, in his feelings, warm in his attachments, he loved this institution, his friends and his daily associations, and devoted himself to their welfare.

Towards his professional brethren, he ever maintained a courteous and modest bearing, and never assumed superiority over the humblest member; ever ready to assist any one who loved the special science to which he had devoted his life, and tempering all his actions with the gentle graces of the Christian.

During his last sickness he manifested the same traits of character that had distinguished him through life; although he suffered greatly from the disease which was gradually but surely destroying his physical frame, his mental faculties remained clear to the last.

He did not fear death, but like a Christian philosopher, contemplated his departure with calmness and resignation. Past the boundary of four score, he has gone to his grave a noble specimen of the "courtly old Virginia gentleman." Let us feel assured he has received the plaudit, "Well done, good and faithful servant."

He died in the communion of the Episcopal Church, to which he was greatly attached, and in the confident hope of a blessed immortality beyond the grave.

HALF-YEARLY SUMMARY.

ALABAMA.—The Alabama Insane Hospital has opened a coal shaft on its premises, from which an unlimited supply of the best semi-bituminous coal is obtained at a cost for mining and delivery of less than one dollar per ton. The seam of coal is fifty feet below the surface of the ground, and is about two feet thick. The section of country in which the hospital is situated is underlaid with coal. The office of matron has been abolished, and the duties pertaining thereto have been divided among the heads of the several departments.

CALIFORNIA.—Generous provision for the insane has been made by the last legislature, and the State now congratulates itself that there are no insane in county poor-houses, and no so-called chronic asylums. Besides ample appropriations for the improvement and enlargement of the asylums at Napa and Stockton, now crowded much beyond their capacity, and for the completion of the asylum at Agnew, provision has been made for two new asylums, the cost of the buildings to exceed one million dollars. Each of the new asylums will be constructed to accommodate more than one thousand patients. One is to be located in Southern California, near San Bernardino, and the other will be at Ukiah, about fifty miles north of San Francisco. Plans for the latter have been approved.

—The Stockton asylum, with a capacity of 950, has had a census of more than 1,500 patients. The well-borings for gas have been successful as far as carried out, and the work will be continued with the expectation of obtaining enough gas in this way for heating and lighting the institution.

—At Napa two infirmary buildings, one for each sex, are in process of construction, and are expected to be occupied early in September. The cost will be about $40,000.

—There was some delay in the opening the new institution at Agnew, which is now in operation and has about eight hundred patients under treatment. The original intention to provide only for the care of the chronic insane met with strong opposition by the profession at large, and especially by those directly interested in the care of the insane, and the institution has become a receiving hospital. Dr. F. W. Hatch has been appointed superintendent.

—A State organization of the medical officers and boards of trustees of the various asylums has been proposed, and a meeting toward the accomplishment of that end has been appointed at Stockton for the 15th of July.

IDAHO.—The loss to the Idaho Insane Asylum by the fire of last November, amounted to $30,000, not $300,000, as stated in a previous issue of the Journal.

ILLINOIS.—In reply to a newspaper article making serious charges against his administration of the hospital at Anna, Dr. Wardner published in the local press a letter discussing the complaints. He shows them to be unfounded, and claims that they had their origin in the fact that he "endeavored to discharge the duties of his office as a citizen and not a partisan," and writes: "The fact that I so regarded my position was cited by those who were making and pressing these charges, as proof that I did not comprehend the duties of my office and my relations to the party in power. This must have been the view which finally prevailed. The charges were lost sight of and the entire vision was bounded and filled by considerations of party interests. The fact that the charges arose wholly within the party is convincing that they were really without a truthful foundation. * * * The State charitable institutions should be regarded as the expression of the sympathy of the whole people of the State, of all parties, for the unfortunate in body and mind."

IOWA.—At the Mount Pleasant Hospital the industrial building for ironing-room, dressmaking-room, sewing-room, assorting-room, store-room for dry goods for matron, and sleeping-rooms for domestics, has been completed and occupied, also the kitchen for the entire establishment with new furnishings throughout. The ice-house for the storage of a thousand tons of ice is well advanced in process of construction, also the finishing of the cold storage building, with different rooms for keeping a variety of perishable stores. Much repairing and painting of wards has been accomplished during the last six months.

The per capita cost for the period has been $14 per month, which includes board, clothing, medical and all other attendance, and salaries and wages of officers and employés.

Some pathological work has been done in the way of post-mortem examinations, to be followed by more advanced work in this department.

—The Hospital at Independence received from the last General Assembly of the State an appropriation of six thousand dollars for repairs, six thousand five hundred for an elevator and fire escape in the administration building, three thousand for a coal-house, two thousand for a green-house, and two thousand for improvement of the grounds. The institution now owns five hundred and eighty acres of land and rents one hundred more. The population is eight hundred and twenty-five.

KENTUCKY.—The Western Kentucky Asylum at Hopkinsville has introduced the Thomson-Houston system of electric lighting, and 275 incandescent lamps are now in satisfactory operation.

MASSACHUSETTS.—The legislature has appropriated money for plans and site for an asylum for the chronic insane, to be used under the following conditions:

The property to be suitable real estate in the eastern part of the Commonwealth, consisting of not less than three hundred acres of land; the first building or buildings to be constructed for five hundred patients and in accordance with a plan for the future extension of the building or buildings to accommodate not less than one thousand patients; also a central or

administrative building for officers and employés for the care and management of five hundred patients, and in accordance with a plan for the future extension of said building for officers and employés for one thousand patients, together with buildings for laundry, kitchen, heating and ventilating purposes on a scale commensurate with the buildings before named. The cost of said land, buildings and all the appurtenances thereto shall not exceed the sum of five hundred dollars per inmate.

—The sixty female patients received at the Boston Lunatic Hospital after the Worcester fire still greatly overcrowd the wards.

—The buildings at the Asylum at Austin Farm are undergoing alteration and renovation for the accommodation of fifty additional male patients.

—The Legislative Committee on Public Charitable Institutions has recently made a night visit at the Danvers Lunatic Hospital, and found that institution in admirable condition. Overcrowding prevails as in the other Massachusetts hospitals.

MICHIGAN.—The semi-annual meeting of the Joint Boards of the Michigan Asylums was held on the 26th of June at the Northern Asylum, Traverse City.

—The graduating class of the Medical Department of the University of Michigan under the head of Dr. H. J. Herdman, Professor of Mental and Nervous Diseases, recently visited the Eastern Michigan Asylum. After listening to a short lecture from the Superintendent, Dr. Burr, the class was divided into sections and visited all parts of the institution under the guidance of the members of the medical staff. The afternoon was profitably spent in clinical work and in learning something of the methods of asylum treatment and care of patients.

A similar visit was paid the institution in March last by the graduating class of the Detroit College of Medicine and Surgery.

—A private institution for the treatment of the insane will soon be opened at Flint, Mich. An excellent site has been secured and the work of building has already commenced.

MINNESOTA.—The Governor is making an effort through the aid of the Board of Lunacy Commissioners, to ascertain the condition of the Minnesota Hospitals for the Insane as compared with those of other States, with the object of learning their relative status as to treatment and deficiency. It is supposed that the Governor will make some recommendations regarding the insane in his next message to the State Legislature.

NEW HAMPSHIRE.—The Legislative Act of 1889, appointing a Board of Lunacy, and making the Insane in New Hampshire wards of the State, has proved a wise and humane measure, and has fully met the anticipations of those who promoted its enactments. The Board has the power to transfer

to the State Asylum all such poor insane as present any hope of medical treatment, and while at the asylum this support is provided for by the State. Many cases have thus been transferred from the various county farms to the State institutions.

—The Trustees of the New Hampshire Asylum decided at their meeting in April to erect a summer cottage on their grounds at Lake Pennawok, distant from the asylum four miles. The foundation is already completed, and the building will be finished by fall so as to be ready for occupancy another year. It is proposed to keep this house open from May until the first of November. A family of twenty patients can be boarded at this place.

The first class in the training school for nurses graduated April 15. The class numbered eleven.

New York.—The State Commission in Lunacy has directed the officers in charge of each institution not to permit the service of any legal process upon any insane patient except upon the order of a judge of a court of record, which shows that the judge had notice of the fact that the person sought to be served was at the date of the order an inmate of such an institution. The Commission also directed that proper record of the service of any document should be entered in the history of the patient, and the order upon which the service is made should be filed with the patient's commitment. At the same time a copy of the process, with an explanatory letter, is to be forwarded to the correspondent of the patient.

It is also ordered that "No insane person be permitted to sign any bill, check, draft, or other evidence of indebtedness, or to execute any contract, deed, mortgage or other legal conveyance, except upon the order of a judge of a court of record, and similar record of the proceeding must be made in the patient's case history, and his correspondent notified.

—Pending the provision of suitable accommodation in the State hospitals, the State Commission in Lunacy has directed a circular letter to the superintendents of the poor of the various counties having the insane in custody in county institutions, relative to the proper protection and treatment of the patients. Among the recommendations are the following:

Medical supervision, with a visit of a physician at least once a day, and the administration of medicines upon a written prescription only; the general dietary also to be supervised by the physician, who shall have special diet used for the feeble or sick.

A system of night watching and nursing.

A ratio of at least one attendant to every ten patients.

Careful attention to clothing, bathing, and out-door exercise.

Some adornment of the walls and a supply of reading matter.

With reference to precaution against fire the Commission has directed as follows:

"Each corridor, associate dormitory and ward should be provided with hand grenades, and each building should be provided with one or more fire extinguishers. The bath tubs at night should be kept filled with water, and the doors leading to the bath-rooms should be left open; pails of water should

be distributed about the building in sufficient numbers to facilitate speedy extinguishment of fires; wherever a supply of running water is provided, the fire hose, if any, should be tested at frequent intervals, the employés and attendants should be drilled in its use, and each attendant should be furnished with a key to each fire hose closet. Safety matches or those which can only be lighted on the box in which they are packed should be exclusively used, and the smoking of tobacco in any part of the buildings should be absolutely forbidden."

—The work of the State Commission in unifying the hospital system of the State is progressing. With the beginning of the fiscal year (October 1st) a uniform method of case-recording, classification, statistics, and of accounts will be adopted throughout the State.

—The "State-Care Bill" contemplates the division of the State into districts, and the maintenance of all patients in State hospitals, excepting those of the counties of Kings, New York and Monroe. The method of districting the State is under advisement by the Commission in Lunacy.

—The new form of medical certificate of lunacy, prescribed by the State Commission, went into effect July 1st. The certificate is signed by two physicians, graduates of incorporated medical colleges, legally qualified examiners in lunacy, whose certificates of qualifications, or certified copies thereof, have been filed in the office of the Commission. The opinion of the examiner as to the insanity of the patient is formed upon facts personally observed, including what the patient said, did, and what his "appearance and manner" were at the time of examination. The certificate also includes a statement of any additional facts ascertained by the physicians from the patient or from others, and is approved by a judge of a court of record.

—Tha last legislature enacted a bill providing for change of name of the several State institutions for the insane, with the exception of the criminal asylum at Auburn, and the State system now comprehends the Utica, Willard, Hudson River, Buffalo, Binghamton and St. Lawrence State Hospitals, and the Middletown State Homœopathic Hospital.

—The honorary degree of Master of Arts was conferred upon Goodwin Brown, State Commissioner in Lunacy, at the last Commencement of Union College.

—At Willard base ball games and evening lawn concerts have been established for the amusement of patients. A brass band has been organized by the employés. The superintendent's residence will be ready for occupancy during the summer.

—The additional ward building to the Buffalo State Hospital is well advanced in the process of erection. The stone work is now above the third story and will soon be ready for the roof. This will furnish accommodations for one hundred and fifty more patients. The improvements over the former structures are marked and will render the wards more attractive and more easily cared for. The principal change has been in moving the service section from one end to the centre of the ward, and arranging for a large associated

dormitory of fifteen beds in place of the single rooms in the rear extension of the former building.

On the 6th of May the graduating exercises of the Training School were held at the Hospital; eleven women and five men received diplomas of having passed the requisite two years' study and being qualified as attendants upon the insane. The exercises were held in the chapel of the hospital, which was neatly decorated. An address was made by the superintendent and the diplomas conferred by Dr. John G. Hill, president of the Board. After the graduating exercises were concluded, a ball was given to the attendants.

A new departure for this hospital has been in the care of the dining-rooms of the men's wards. They are each now in charge of a woman attendant. This has improved the service materially. There is greater neatness and more care in the preparation and serving of food. The time of the attendant not occupied in dining-room work is given to the mending of the ward. This change is heartily commended as an improvement in the service of the hospital.

—At the commencement of the season of 1889 a base ball team was organized at the Middletown State Homœopathic Hospital, composed of patients and attendants.

During the month of June, 1890, a weekly paper was established at the Hospital named *The Conglomerate*. It is a neat, three-column four-page sheet, and is edited, set up and printed by patients in the hospital.

—Accommodations are being rapidly prepared at the St. Lawrence State Hospital for 350 patients, and it is expected that number can be accommodated this autumn.

—The overcrowding at the Kings County Insane Asylum continues in spite of the large number of transfers to St. Johnland, where the census is 704. The brick buildings in course of construction will not be ready for occupancy for a year. The census is 1,163.

—The dedication services of the New York State Custodial Asylum for Feeble-Minded Women, at Newark, were held on the morning of June 10th.

North Carolina.—Dr. J. A. Hodges, of Fayetteville, N. C., has read a paper on State Medicine before the North Carolina Medical Society, in which he urged the Society to request the boards of directors of the insane asylums of the State to appoint committees to consist of two members of each board and the superintendents, to meet with committees from the State Board of Health and the Board of Charity, to discuss means and measures for the better care of the insane outside of the asylums, the care of feeble-minded children and inebriates—whether it is best to treat the last in the asylums or build a separate institution for this purpose—and to make such other recommendations to the incoming Legislature as this conference may deem wisest and best. The society acted on the suggestion and adopted it. It is hoped the suggestions made by Dr. Hodges will be carried out, and that the conference will meet at an early day. No doubt other matters bearing on these subjects will come up, such as changing the legal names of the institu-

tions from insane asylums to State Hospitals, and making uniform by-laws and regulations for the asylums.

—The Western North Carolina Insane Asylum has just finished a graveled macadamized carriage road and footpath to the railroad station and the town, with a new and substantial iron bridge across the creek in front of the institution. The directors have under discussion increasing the present water supply, a better protection against fire, and the building of an associated dining-room for women.

—Recent improvements at the Eastern North Carolina Insane Asylum consist of the introduction of steam heat by the indirect method, forced ventilation after the Boston Blower System, and the substitution of electricity for gasoline gas for lighting.

North Dakota.—At the North Dakota Hospital the need for more room is felt, and a part of the liberal appropriation granted by the last Legislature is now being applied to fitting up the attic of the ward buildings as sleeping rooms for the increased number of patients and employés.

Work is now being pushed on an artesian well, which when completed will furnish all the water required without the cost of the present system of pumping it from a well a hundred feet in depth, and will doubtless also provide water power sufficient to run the electric light dynamos, sewing machines, and other light machinery of a similar character.

—On the 27th and 28th of May the North Dakota Medical Society convened at Jamestown, and its sessions were held in the Assembly Hall of the institution. Full opportunity was given to the members to look into the practical management and details of the work as well as to examine the cases from a clinical standpoint. The latter was made more interesting by the presence of Dr. Riggs, of St. Paul, Professor of Diseases of the Mind and Nervous System in the University of Minnesota, who addressed the Society on the subjects of paranoia and neurasthenia with illustrative cases from among the inmates. A paper was read by the Superintendent on the status of the feeble-minded in the State, and favorable action was taken by the society as a body on the project of providing at once for the separation of this class of unfortunates from the insane, with whom they have hitherto been confounded.

—While the law of North Dakota provides that no idiot shall be admitted to the hospital, yet the lax construction put upon the law by the County Boards of Insanity has had the effect of furnishing many patients who belong rather to the class of defective than to that of deranged intellects. Many of this class are admitted bruised, ragged, poorly nourished, filthy and diseased. It would be cruel to return them to their former surroundings when their lives may be made of some comfort to themselves and even helpful to others. The warrants from the board are a sufficient authority for their detention so that gradually there has come to be quite a number of such persons in the custody of the institution.

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—The constitution of the new State adopted last year provided for the future establishment of an institution for the care and treatment of the mentally defective children of the State, but as the financial condition of the Commonwealth was at that time very unpromising no steps were taken toward opening it immediately. The constitution located it at Jamestown under the same management as the Hospital for Insane, and it is the intention of such management, in view of the revival of industry and trade in the State, which has been caused by the favorable prospects for a magnificent crop this year, to secure provision for opening a separate building for these persons, and give them those advantages in the way of training and care which they so keenly need.

OHIO.—The Dayton Asylum has 605 patients in the house and 35 visiting. The general health has been excellent. The Ohmer lands, 44 acres east of and adjoining the asylum grounds, have been purchased at a cost of $15,000, and now a public road bounds the asylum grounds on three sides, and is considered a valuable and fortunate acquisition. Under the control of an efficient farmer the yield of the arable land belonging to the asylum has been increased and improved, and it is expected to provide the patients with a plentiful supply of fruits and fresh vegetables from the asylum gardens. A convenient room has been constructed into a morgue, in place of the old dark den in the basement, in use for the past thirty years.

The old board of trustees has been removed by Governor Campbell and a new one appointed. By the action of the latter Dr. Pollock's connection as superintendent will cease on July 15th, after a service of two of the four years for which he was appointed. No charges or complaints are urged against his management, other than from discharged employés, and the democratic member of the old board speaks highly of his administration and the present condition of the institution. Dr. Pollock will resume private practice in Dayton.

PENNSYLVANIA.—It is thought that at the coming session of the legislature of Pennsylvania an effort will be made to take the control of the insane from the counties and place them under the control of the State. If such action be taken it will necessitate a new hospital for the insane in the southeastern section of the State.

—The managers of the Pennsylvania Hospital have decided to prepare one of the houses upon the 600-acre tract near Newtown Square as a summer retreat for the benefit of the patients in the department for the insane, with vehicles for their transport and recreation, the house to be estimated to accommodate a family of sixteen persons at a time, including patients and attendants. As a quiet rural abode, freed from all restriction, it is hoped that during the heat of summer it will form a pleasant healthful variation in the life of the patients, promoting permanent improvement of mind and body, and also that voluntary patients, who have greatly increased in numbers in similar institutions, may find in this new provision for the alienated, a satisfactory home without associations which prolong disease or retard cure in public opinion.

The gymnastic and recreation hall in the grounds of the department for males is finished, with recreative apparatus, reading-room, large porches, affording agreeable prospect and shade to those looking on the lawn before it, often devoted to a friendly game of cricket or foot-ball on a summer afternoon.

—The City Councils of Philadelphia have just appropriated $150,000 to enlarge and improve the insane department, Philadelphia Hospital. In addition to the building of new wards and an infirmary, there will be large male and female dining-rooms, thus doing away with the unsatisfactory ward dining-rooms for the pauper insane.

—The City of Philadelphia now supports over two thousand insane patients, located as follows: Insane Hospital, Norristown, 1,200; Insane Hospital, Danville, 75; Insane Department, Philadelphia Hospital, 911.

—Dr. Hughes, of the Insane Department, Philadelphia Hospital, reports excellent results from chloralamid in the insomnia of the various acute insanities. In melancholia it has been of great service, combined with tonics and pushed alimentation.

—Excellent results have been obtained with hyoscine in doses of gr. $\frac{1}{200}$—$\frac{1}{120}$ every four or six hours in the restlessness and insomnia of senile dementia, at the Insane Department, Philadelphia Hospital.

—The number of new patients received in the women's insane department of the Philadelphia Hospital for the past two years averages a little more than eleven in a month, and the average number restored is two in a month. The records show that an average of one in every month remains in the hospital but a short period—from one day to five weeks—either being transferred to another hospital, taken home by friends before improvement is manifest, or having passed to a fatal termination within that period.

—Dr. W. C. Dixson, Examiner for the Insane for the Philadelphia Hospital, asserts that the great majority of the cases of acute insanity among males sent to that hospital can be traced to excesses in the use of alcohol.

TENNESSEE.—The Western Hospital for the Insane at Bolivar was opened for the reception of patients on November 22d, 1889. Since that time two hundred and twenty-nine have been received; one hundred and fifty-six of this number were transferred from the Central. Dr. W. M. Wright, A. W. Brockway, Col. Jno. R. Godwin, J. W. Wilkes and Austin Miller compose the board of trustees. Dr. J. B. Jones, who was medical superintendent of construction, is superintendent, John P. Douglas is assistant physician. The usual disadvantages and inconveniences incidental to opening an unfinished and partially furnished institution were experienced, but upon the whole the work has been satisfactory. The building is completed, well furnished and the force well disciplined. The insane from the county hospitals, in the western hospital district, have been gathered in.

The opening of this institution marked an era in the civilization of the State, of which all humanitarians are justly proud, for now the combined capacity of the three institutions of the State is ample to accommodate all its insane.

—The constitution of the new State adopted last year provided for the future establishment of an institution for the care and treatment of the mentally defective children of the State, but as the financial condition of the Commonwealth was at that time very unpromising no steps were taken toward opening it immediately. The constitution located it at Jamestown under the same management as the Hospital for Insane, and it is the intention of such management, in view of the revival of industry and trade in the State, which has been caused by the favorable prospects for a magnificent crop this year, to secure provision for opening a separate building for these persons, and give them those advantages in the way of training and care which they so keenly need.

Ohio.—The Dayton Asylum has 605 patients in the house and 35 visiting. The general health has been excellent. The Ohmer lands, 44 acres east of and adjoining the asylum grounds, have been purchased at a cost of $15,000, and now a public road bounds the asylum grounds on three sides, and is considered a valuable and fortunate acquisition. Under the control of an efficient farmer the yield of the arable land belonging to the asylum has been increased and improved, and it is expected to provide the patients with a plentiful supply of fruits and fresh vegetables from the asylum gardens. A convenient room has been constructed into a morgue, in place of the old dark den in the basement, in use for the past thirty years.

The old board of trustees has been removed by Governor Campbell and a new one appointed. By the action of the latter Dr. Pollock's connection as superintendent will cease on July 15th, after a service of two of the four years for which he was appointed. No charges or complaints are urged against his management, other than from discharged employés, and the democratic member of the old board speaks highly of his administration and the present condition of the institution. Dr. Pollock will resume private practice in Dayton.

Pennsylvania.—It is thought that at the coming session of the legislature of Pennsylvania an effort will be made to take the control of the insane from the counties and place them under the control of the State. If such action be taken it will necessitate a new hospital for the insane in the southeastern section of the State.

—The managers of the Pennsylvania Hospital have decided to prepare one of the houses upon the 600-acre tract near Newtown Square as a summer retreat for the benefit of the patients in the department for the insane, with vehicles for their transport and recreation, the house to be estimated to accommodate a family of sixteen persons at a time, including patients and attendants. As a quiet rural abode, freed from all restriction, it is hoped that during the heat of summer it will form a pleasant healthful variation in the life of the patients, promoting permanent improvement of mind and body, and also that voluntary patients, who have greatly increased in numbers in similar institutions, may find in this new provision for the alienated, a satisfactory home without associations which prolong disease or retard cure in public opinion.

The gymnastic and recreation hall in the grounds of the department for males is finished, with recreative apparatus, reading-room, large porches, affording agreeable prospect and shade to those looking on the lawn before it, often devoted to a friendly game of cricket or foot-ball on a summer afternoon.

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VERMONT.—Work of construction at the new State asylum at Waterbury, is going on, and about half the wings are under contract to be ready for occupancy June 1st, 1891. The legislature of this year will be asked to make appropriations for furnishing and further work. The plan adopted is for 350 patients.

VIRGINIA.—The Southwestern Lunatic Asylum at Marion, Virginia, with a capacity of 240 beds, has now 246 patients. Its high percentage of discharges continues. The much needed appropriation for completion of and additions to the present building, was refused by the legislature. The asylum is now expected to maintain 246 patients for the same amount appropriated for 176 patients, an utter impossibility even with economy carried to an extreme which is actually prejudicial to both the health and prospect of recovery of patients. There are still nearly 200 insane unprovided for in the State. It is to be deeply regretted that party strife should necessitate the niggardly policy which leaves those mentally unsound, and frequently in bad physical condition, to struggle hopelessly and unaided, and makes of them hosts to swell the already large number of chronic and incurable insane.

WISCONSIN.—At the Milwaukee Hospital a number of valuable improvements have been introduced, which tend to contribute to the comfort and restoration of patients, as well as to enhance the general efficiency of the institution. The training school is in a thorough state of organization: instruction is given at weekly sessions by the assistant physicians, and a very gratifying improvement in the service is noticeable during the past fifteen months, since which time the school has been in existence. Certificates of efficiency will be awarded to at least ten attendants in September. Another departure in this hospital is the uniforming of attendants. Nine months ago a Turkish bath was established in the hospital and daily baths administered to recent cases, weekly baths to the general run of patients, from the use of which favorable results are reported.

A system of photographing the patients on admission and at different periods during the disease has been introduced during the past year, and has proved exceedingly interesting and valuable.

The semi-weekly dancing parties are continued, with a concert by the hospital orchestra (eight pieces) on Sunday afternoon.

A valuable safeguard in case of fire was introduced this spring throughout the building in the form of an automatic fire-alarm service; thermostats are placed in each room and in the event of fire an alarm is sent in to the main hall instantaneously so that the fire has no chance to gain headway, moreover the precise location of the fire is indicated by means of an annunciator. There is a fire drill for the patients which is carried on *thrice daily* and promises to be of great value in any emergency.

Dr. White's electric system of opening all the doors instantaneously and simultaneously has been in operation in one ward of the hospital for the past sixteen months, and has proved a complete success. The switches are located in the attendants' rooms and the patients are released in this manner every morning, thus forming a daily test of its efficiency. Is is the ultimate inten-

tion to operate the system by auxiliary switches in the main hall and thus not leave the safety of the patients entirely in the hands of the attendants. It is to be hoped that the system will be adopted in asylums generally, as it would certainly tend to relieve apprehension, both on the part of the patients for their own safety, and on the part of the general public and relatives of patients. The board of trustees of this hospital have voted to extend the system throughout this building and the work will shortly be begun.

Another improvement which has long been needed but has not obtained, was the establishment of a complete service of night nursing; in addition to the benefits derived by the patients in the way of various services rendered them during the night, and of rendering it possible to improve the habits of the filthy by getting them up at intervals, is the shorter hours of service for the day attendants, which makes them more willing and energetic in the performance of their duties. The tour of service is now equal, consisting of twelve hours for each force.

A library of five hundred volumes has just been instituted, and seems to be greatly appreciated by the convalescent patients.

The mat and basket shop, established in 1888, is in a flourishing condition, and provides occupation for from thirty to fifty patients in the winter season, and some very creditable work is turned out; the products consist of baskets and mats made of the ordinary cat-tail; cocoa mats and matting, hand-woven carpet mats, tufted mats and hammocks. The patients evince a decided liking for the work and an encouraging aptitude in the performance of it.

CANADA.—Dr. A. P. Reid, Medical Superintendent of the Nova Scotia Hospital for the Insane, refers in his reports to the satisfaction derived from the system of fire protection recently adopted in that institution. The following description is extracted from his reports:

"The dumb-waiter shafts have had all the wood linings removed and brick partitions placed so as to cut off communication between the shafts and dining-rooms. The necessary doors and wood-work have been lined with tin and the tops closed by iron plates. All the doors between the centre building and either wing have been protected by an additional fire-proof door, and all wooden connections have been replaced by brick and cement. The elevator shaft in central building has been removed entirely and the pipe shaft protected as far as possible." The fire escapes are constructed as follows:

"There is opposite the centre of each hall in each flat in each section a protected iron veranda with a floor area of 220 to 350 square feet. On one side of each set of verandas in each section, is a portion separated from the rest (but in communication by a door) in which an iron stair is located, running from the ground to the roof—a permanent structure. This is on the ground floor, has a door leading externally which gives access to stairway and easy passage to every flat and to the roof, through appropriate doors. There is also a stand pipe or long hydrant in connection with the general hydrant system which extends to the roof in each stairway, with attachments for hose on each flat as well as at the top. Lengths of linen hose are attached to each of these, so that one man will be able to direct a stream of water to any part of the building inside or outside without aid either in finding or placing ladders, or moving lengths of hose. This can be done altogether from the

outside, and each veranda will give him a position from which he can enter any part of the building without fear of his retreat being cut off. The intention is that a man unaided will be able to perform as much effective duty in a tenth of the time as could a corps of firemen with the ordinary appliances. In addition to the above advantages, each veranda is designed to be large enough to accommodate all the patients in the ward, so that if the outside stairway were not used for their removal, they would be perfectly safe from injury (as they would be outside the building) though the adjoining ward were on fire. Hence it will be perceived that when an alarm of fire is given, all the patients can retire to the verandas, and be in perfect safety. When the danger has passed over, they can again return to their ward or wards; or, if occasion need, those on one flat can be transferred to another without danger of injury or escape, or be escorted from the building, as may be deemed prudent, without hurry or commotion. It affords opportunity to eliminate panic- the most disastrous complication in such emergencies. * * * An iron ladder, a permanent fixture, extends from the flat roof of the veranda to the ridge of the roof, and a skylight has been placed alongside, which is kept closed by a weight, and can be opened at any time from the inside or outside, thus giving access to the roof and attics by permanent outside conveniences. There are hose connections and fifty feet of linen hose with nozzle attached, on each flat in each section (every ward.) There is an additional hose with its connections, at the extremity of this pipe, or on the flat roof of each section at the level of the roof of the main building. The water is turned on at each connection with a 2½ inch straightway valve, operated by a "wheel" attached and always in its place. The result endeavored to obtain was that one man, unassisted (with the ordinary ward key), should be able without delay of any kind, to run a hose length and stream of water into any ward or attic from the outside, and to be able to do so without running any risk of accident from stairways that could be rendered impassable. In other words, one man unaided is a combined hook and ladder and fire company. * * * A double pathway has been placed along the ridge of the roof from one extreme of the building to the other, and where it was necessitated, the pathways have been connected with iron ladders securely fixed to the roof. With these arrangements a man who is unaccustomed to move about on the roof of the house can, in frosty or slippery weather, travel without danger from one extreme to the other of the building on the outside along the ridge of the roof and carry a length of hose as well. It has also been so arranged that access to the roof is attained without difficulty from the top of any one of the verandas that are placed at each of the main sections into which the building is divided. There are also spare lengths of hose at the top of each of these verandas with a hose attachment, and as well a skylight which can be opened from the outside to permit entrance to any of the attics at any time." Dr. Reid also calls attention to the fact that "these conveniences are not solely designed for service in case of fire; they are designed as out-door or open-air day-rooms, for every day use; so that patients can go out as often as they please, and as easily, and with as little restraint, as they may go from one part of the ward to another: rain or snow need be no hindrance to a breath of fresh air. * * * Daily use will ensure working condition and general knowledge of location and, as well when an order is given to all to go out on the veranda, it has every probability of being as automatically obeyed as the call to dinner."

APPOINTMENTS AND RESIGNATIONS.

[Does not include changes in Ohio, reported in April Journal]

ATWOOD, CHAS. E., promoted to be Third Assistant Physician at the Utica State Hospital, Utica, N. Y.

BANGS, J. A., resigned as Assistant Physician of the Kings County Asylum, Flatbush, N. Y.

BARNARD, H. W., promoted to be Third Assistant Physician at the Iowa Hospital for the Insane, at Independence, Iowa.

BEATTIE, A. B., appointed First Assistant Physician at the Southern Hospital for Insane, Anna, Ill.

BLACK, J. A., resigned as Second Assistant Physician at the Kings County Asylum, St. Johnland, N. Y.

DALY, RICHARD R., appointed Fourth Assistant Physician at the Utica State Hospital, Utica, N. Y.

DAWSON, JAMES H., resigned as Assistant Superintendent of the Northern Michigan Asylum, Traverse City, Michigan.

DEWING, J. M., appointed Assistant Physician at the Kings County Asylum, St. Johnland, N. Y.

DOOLITTLE, J. C., promoted to be Second Assistant Physician at the Iowa Hospital for the Insane, at Independence, Iowa.

DOUGLASS, JOHN P., appointed Assistant Physician at the Western Hospital for Insane, Bolivar, Tenn.

ELROD, , appointed Superintendent of the Southern Hospital for Insane, Anna, Ill.

FERGERSON, J. E., appointed Clinical Assistant at the Eastern Michigan Asylum, Pontiac, Michigan.

GARDNER, ALDEN M., appointed Second Assistant Physician at the State Asylum for the Insane, Napa, Cal.

HARLOW, I. L., appointed Assistant Physician at the Northern Michigan Asylum, Traverse City, Mich.

HARRISON, D. A., resigned as superintendent of Kings County Asylum, St. Johnland, N. Y.

HESTER, W. W., resigned as First Assistant Physician of the Southern Hospital for Insane, Anna, Ill.

HOISHOLT, , appointed Second Assistant Physician at the State Asylum for Insane, Stockton, Cal.

HUGHES, DANIEL E., appointed Physician-in-Chief of the Insane Department, Philadelphia Hospital.

JONES, J. B., appointed Superintendent of the Western Hospital for Insane, Bolivar, Tenn.

MABON, WM. VANVRANKEN, promoted to be Second Assistant Physician at the Utica State Hospital, Utica, N. Y.

MACUMBER, JOHN L., formerly First Assistant Physician at Flatbush, appointed Superintendent of the Kings County Asylum, at St. Johnland, N. Y.

PHILLIPS, THOMAS, appointed Third Assistant Physician at the State Asylum for Insane, Stockton, Cal.

PILGRIM, CHARLES W., appointed Superintendent of the Willard State Hospital, Willard, N. Y.

SMITH, ALLEN M., resigned as Assistant Physician of the Willard State Hospital, Willard, N. Y.

THOMPSON, E. B., resigned as First Assistant Physician of the Iowa Hospital for the Insane, at Independence, Iowa.

VOLDENG, M. NELSON, appointed First Assistant Physician of the Iowa Hospital for the Insane, at Independence, Iowa.

WAGNER, CHAS. G., promoted to be First Assistant Physician at the Utica State Hospital, Utica, N. Y.

WALKER, B. W., appointed Assistant Physician at the Willard State Hospital, Willard, N. Y.

WALTERS, CHARLES, appointed Assistant Physician at the Insane Department, Philadelphia Hospital.

WASHINGTON, W. A., appointed Second Assistant Physician at the State Asylum for Insane, Stockton, Cal.

WRIGHT, RUFFIN A., appointed Third Assistant Physician at the Alabama Insane Hospital, Tuscaloosa, Ala.

CASCARA SAGRADA.

Necessity of Using Properly Aged Bark in Manufacture—Extension of its Therapeutic Application and Improved Forms for Administration.

Notwithstanding the activity of research in the discovery of new therapeutic agents, and the efforts made to supplant it, Cascara Sagrada remains to-day easily chief of the remedies for the radical relief of chronic constipation.

Not only this, but the range of application of Cascara Sagrada has been extended to the treatment of Rheumatism, and in this disease, alone and in combination with the Salicylates, it has proved in the experience of many eminent physicians radically curative.

The physician now has the choice of several eligible forms in which to prescribe it; the fluid extract containing the bitter principle; the fluid extract formula, 1887, comparatively free from bitterness and equally efficacious in the majority of cases; soluble elastic capsules of the extract, from one to three grains; pills of the extract, alone or in combination with adjuvants, and many other eligible forms.

Authorities agree in regarding Cascara bark that has been aged for at least a year, as alone eligible for use in manufacture. Preparations made from bark thus aged are free from the irritant properties of the fresh bark. It is well known that the scarcity of Cascara has led to the use by some manufacturers of the fresh and irritant bark, and in this connection it gives us pleasure to assure physicans that all our preparations of Cascara are made from the properly aged stock, of which we have on hand an abundant supply.

Any therapeutic action inherent Cascara Sagrada is only possessed by the true *Rhamnus Purshiana*, and there being many inferior and spurious preparations of the drug in the market, we would ask physicians in prescribing to specify our product. Having introduced this drug and made a special study of its nature and action for years, and having unequaled facilities for obtaining supplies of the highest quality, we believe our product to be superior to any other offered.

We would particularly request physicians who have not yet met with success in the use of Cascara Sagrada to ascertain the product they are prescribing, and to make trial of that of our manufacture.

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DAVID B. CROCKETT'S SPAR COMPOSITION, for all exterior finish on hard or soft woods, or over grained work, has never been reached by any varnish manufacturers, although they have been putting forth their best endeavors for the past twenty years. We have carefully prepared the following instructions for using our goods.

FOR INSIDE FINISH ON HARD WOOD.—One coat Filler, two coats No. 1 "Preservative." Rub down with curled hair or excelsior between coats **when dry,** say in about twenty-four hours. If for cheaper work, use two coats of our Elastic Oil Finish in the same way.

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All soft or close-grained woods **need no filler,** only two coats of No. 1 "Preservative," or Elastic Oil Finish.

On grained work, inside, two coats No. 1 "Preservative."
On grained work, outside, one coat No. 1 "Preservative."
Rub down as above and finish with "Spar Composition."

NOTE.—If an extra fine finish is required on inside work, give an additional coat of either the No. 1 "Preservative" or Elastic Oil Finish.

☞ Should you wish a flat surface (no gloss), let the work stand three or four days, and rub down with powdered pumice stone and water. A piece of sponge with the pumice stone and water will be sufficient to deface the gloss surface.

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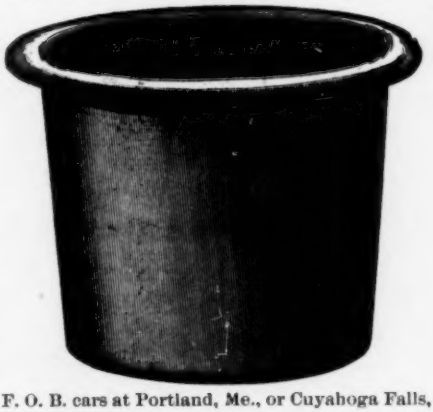

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GOVERNMENT HOSPITAL FOR THE INSANE,
Washington, D. C., Nov. 23, 1888.

MR. H. E. PARKS, Agt., Cuyahoga Falls, O.

DEAR SIR—Your Indurated Fibre Chamber proves by far the best thing we have yet used for its purpose, and we have tried almost everything.

Very respectfully, W. W. GODDING, Superintendent.

THE ILLINOIS CENTRAL HOSPITAL FOR THE INSANE.
Jacksonville, Nov. 27, 1888.

H. E. PARKS, Esq., Agt., Cuyahoga Falls, O.

DEAR SIR—Replying to yours of the 20th inst., will say: We have had some of your Indurated Fibre Chambers in use for about a year. They were placed in the wards for the most disturbed and excited patients. I find upon inquiry that none of them has ever been broken, and upon examination I find all of them in good condition.

I do not hesitate to recommend your Indurated Fibre goods as perhaps the best in the market. Certainly they are the best that have come to my notice for such use.

Yours very truly, H. F. CARRIEL, Superintendent.

All orders should be addressed to

L. W. LOOMIS,

Or, H. E. PARKS, Agent,

CUYAHOGA FALLS, OHIO.

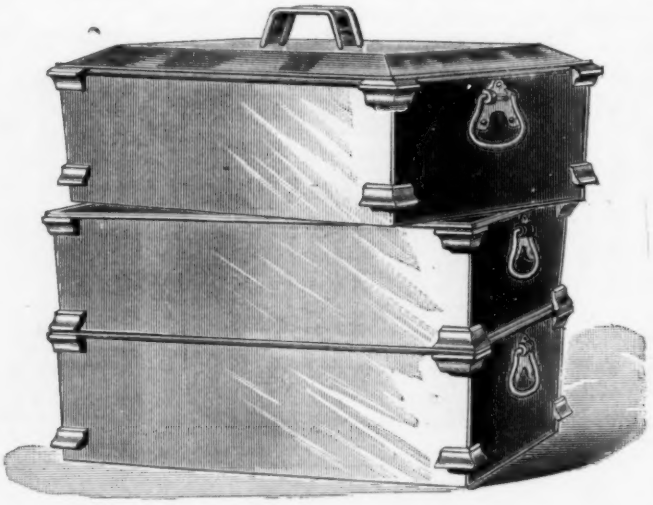
TIN CHAMBERS,

Same size as No. 1 Fibre, - - **$6.00** per doz.

Indurated Chambers put up compactly in crates of half gross each.

☞ See that all Chambers have this stamp on the bottom.

NESTS
VEGETABLE OR FOOD TRAYS,



For transporting food from kitchen to the wards. These trays are made AN EXACT DUPLICATE OF EACH OTHER, so they will fit any place in the nest, and the cover is made to fit either of them. We now put on each one, as represented by cut, malleable iron corners, which greatly add to the strength, preventing breakage at these points; made in this way they are almost indestructible. The sizes usually furnished are—

Each Tray 9x13, 4½ in. deep, and 10¾x15½, 5 in. deep,

Usually in nests of 2, 3 or 4.

We make other sizes if wanted, of XXXX stock. Each tray has a pair of malleable iron handles, thoroughly soldered inside and out; also the rods around the top are soldered in, and leaving no place for water they can be wiped dry. The rims to covers are beaded, leaving no raw edge to cut the hands; and the corners are strengthened with a "boss" in each. They take less room than round dishes on the food cars, fit the dumb waiters nicely, and put away snugly on the shelves when not in use.

We manufacture largely Tin Specialties for institutions, the ONLY HOUSE IN THE UNITED STATES DOING THIS, Coffee Cans, Soup Cans, etc., etc. Other ware made to specification. All ware reinforced extra strong. All Covers and Tops interchangeable, which will be appreciated. On application we furnish Catalogue representing some of the goods we manufacture. All Tin Ware made to order; none kept in stock.

REFERENCES—Nearly all of the State institutions.

P. S.—We now use steel corners instead of malleable iron, (an improvement.)

Address,

L. W. LOOMIS, or
H. E. PARKS, Agent,
Cuyahoga Falls, Ohio.

PAILLARD'S MUSIC BOXES

The Delight of the Family.

No Home Complete without One.

ARE THE BEST AND MOST DURABLE.

They play best selections from all the STANDARD and LIGHT OPERAS, and the most popular DANCES, NATIONAL AIRS, BALLADS, HYMNS, etc.

The Most Complete and Varied Stock ever shown in this Country.

We have sold many musical boxes for the special use of insane patients, but our special plea for advertising in this magazine is the following recent testimonial:

STATE OF NEW YORK,
STATE LUNATIC ASYLUM,
G. ALDER BLUMER, M. D.,
Medical Superintendent.

DECEMBER 8th, 1868.

MESSRS. M. J. PAILLARD & CO., 680 Broadway, New York:

Gentlemen—Replying to your inquiry of recent date, it gives me pleasure to inform you that the musical box of your manufacture recently bought for this institution has proved a highly satisfactory purchase.

Our patients are frequently diverted by its lively airs, and I think it quite likely that we shall have occasion before long to call upon you for another instrument.

Very truly yours,

(Signed.) G. ALDER BLUMER.

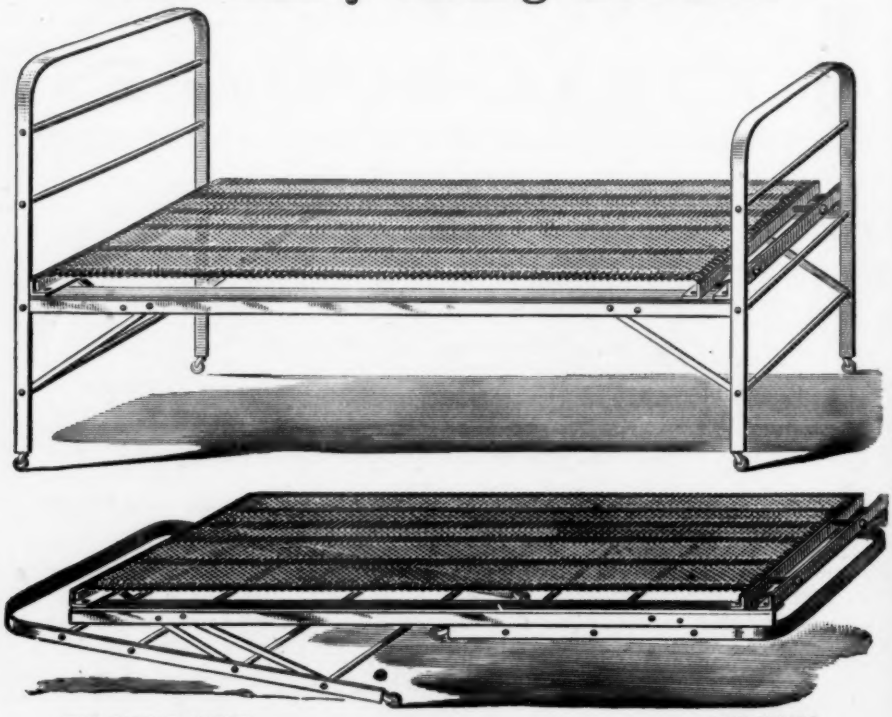
Illustrated Catalogue Mailed on Application.

M. J. PAILLARD & CO.,

680 Broadway, New York.

MUSICAL BOXES CAREFULLY REPAIRED.

The Luxury Folding Iron Bed.



END PARTLY OPENED. END CLOSED.

The above cuts are a good representation of our FOLDING IRON BED, so that it is scarcely necessary to explain the folding of the same; only stating that it is very simple and locks in place automatically as soon as opened without the adjustment of a single piece.

The material is of the very best and of sufficient size and strength to make a VERY STRONG BED when opened. It has very strong castors and lignum vitæ rollers. The rods are all milled and riveted down into countersunk holes in flat iron, and the surplus riveting ground off, leaving a smooth surface. The entire frame-work is nicely bronzed or painted.

The LUXURY FOLDING IRON BED is conceded to be the best IRON BED MADE. It is especially adapted for Asylums, Hospitals, Schools, Engine and Station Houses, Hotels, &c., &c.

We attach to each bed a very superior woven wire mattress. We can paint the beds any color desired, or finish them with rich gold bronze. Send for our price list and state size desired. Special discounts given for quantity lots delivered f. o. b. on cars at Utica.

COMSTOCK MANUF'G CO.,

MANUFACTURERS OF

Woven Wire Mattresses, Folding Canvas and Wire Cots, Spring and Iron Beds.

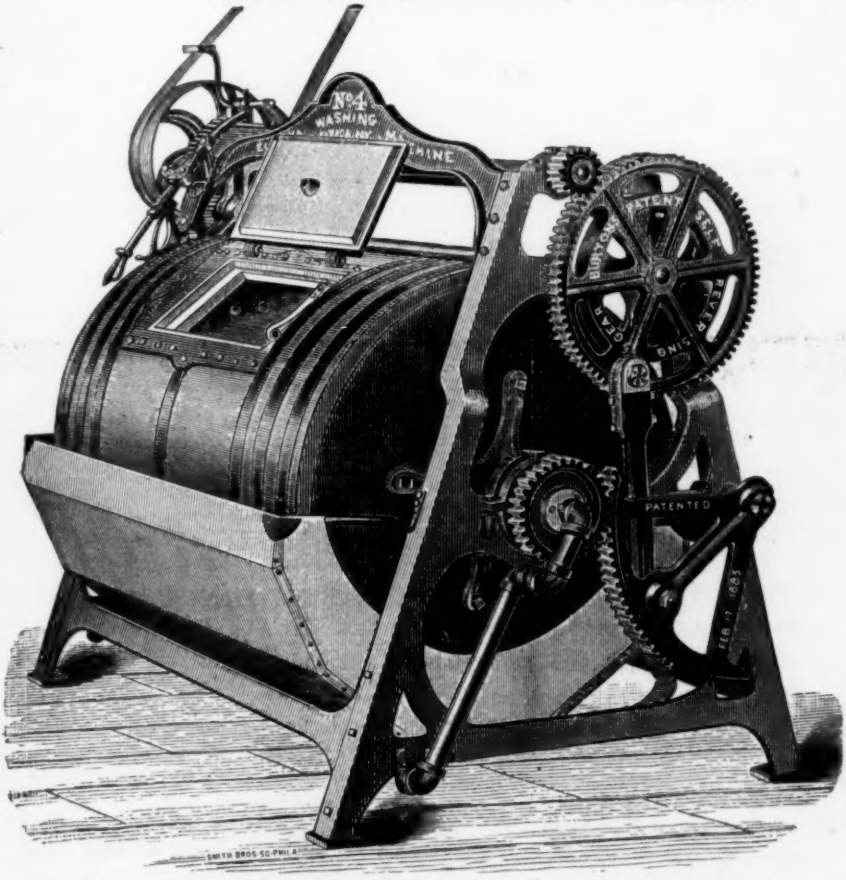
117 to 123 West St., and 19 Johnson Square, UTICA, N. Y.

E. HURLBURT,

Manufacturer of Eureka Laundry Machinery, and Dealer in General Line of Laundry Machinery and Appliances.

Factory Corner South and St. Vincent Streets.

Office Corner Genesee and Liberty Streets, Utica, N. Y.



The above is a cut of the No. 4 Eureka Washer. This Washer is especially designed for institution work, and is the only machine thoroughly adapted for the same.

REFERENCES:

This Washer is used in the following institutions:

UTICA STATE HOSPITAL,
PHILADELPHIA HOSPITAL AND ALMSHOUSE,
DANVERS LUNATIC HOSPITAL, TAUNTON LUNATIC HOSPITAL,
WORCESTER LUNATIC HOSPITAL,
WORCESTER INSANE ASYLUM,
MIDDLETOWN (CONN.) INSANE ASYLUM.

Institution Outfits a specialty. Send for Illustrated Catalogue and Price List, giving full descriptions.

E. HURLBURT, Manufacturer. D. H. BENJAMIN, Gen'l Agent.

PEPTONISED MILK,

(FAIRCHILD PROCESS.)

The Ideal Food for the Sick, the Delicate, the Consumptive, the Habitual Dyspeptic, the Diabetic.

Peptonised Milk is milk in which the caseine has been wholly or partially converted into *peptone*, the degree of this conversion to be controlled at will, as determined by the needs of the case. All the other elements of the milk, the sugar, fat and mineral salts, are already provided by nature in a condition for perfect assimilation, *without digestive effort.*

ONE PINT OF MILK, when peptonised, contains two OUNCES OF TOTAL DRY SOLIDS—MILK PEPTONES, MILK SUGAR, FAT and ASH.

Of BEEF TEA, Dr. CHRISTISON says: 'He was able to obtain but a *quarter of an ounce of solid residue in a pint.*"

This solid residue consists of "besides the trifling amount of proteid material and of fat (which latter, in practice, is guarded against with great care), *only the salts of the muscle*, the *hematin* and *allied pigments*, *traces of sugar*, perhaps, *some lactic acid*, and the nitrogenous extractives *creatin* and its *congeners*. As the original half pound of muscle may contain about forty to sixty grains of the salts, and ten to twelve grains of the nitrogenous waste products, the beef tea (half pint) certainly contained no more." —Prof. BAUMGARTEN.

Of BEEF EXTRACT, Dr. PAVY says: "There are grounds for believing that a considerable proportion consist of products of proteid decay, materials in course of rotrograde metamorphosis, that are of no use as nutritive agents."

The well nigh superstitious ideas entertained by the *laity* of beef tea, is expressed in the allusion to the "*strength*" which is popularly supposed to be extracted in the *tea;* after which the *beef* is thrown to the dogs. The working man makes soup from a joint and consumes the "strength" and the *beef* both.

The medical profession insist that patients shall profit by the knowledge and progress of medical science, by the use of artificially digested fresh milk, etc. The Nostrum advertisers usurp the functions of the physician by prescribing fictitious "foods for invalids," foods which medical science has long since condemned.

PEPTONISING TUBES

In boxes of one dozen tubes, at 50 cents retail. Each tube peptonises one pint of milk.

Pamphlets and samples gratis to physicians.

FAIRCHILD BROS. & FOSTER,

82 and 84 Fulton Street, New York.

THE "AUBURN"
Watchman's Register, Fire and Superintendent's Alarm.

The only System combining a Fire and Superintendent's Alarm, and the only one suitable for Asylums, and specially adapted to their uses.

Adopted by several of the largest Insane Asylums throughout the country, including in this State those at Utica and Willard.

By the use simply of a different key in the box, either the watchman registers his rounds, or a physician's call, or a call for help is made from any ward, or an alarm of fire is given; striking the number of the ward, and noting in either case on the annunciator connected with the register the number of the room or ward from which the call is made.

Our Thermostat system, connected with the register, will send in an alarm of fire automatically, striking on a bell the number of the room or ward, (the same as if sent in by a watchman), and being connected with the same wires as those used for other purposes in a clock a test is secured of our combined system every hour of the night. This is the only open circuit system so tested.

Descriptive pamphlets sent on application, and estimates furnished. Address all communications to

BUNDY MANUFACTURING COMPANY,
Binghamton, N. Y.

ASYLUM HARDWARE.

Our Locks are in use by twenty-five or more Insane Asylums. We can give from one to sixty different changes,

ALL CONTROLLED BY A SINGLE "MASTER" KEY.

KANSAS STATE INSANE ASYLUM,
THE CLARK M'F'G CO., BUFFALO, N. Y.: TOPEKA, KANSAS, June 11, 1883.

Gentlemen,—I take pleasure in certifying to the excellence of the Locks you have furnished under my direction for the Lunatic Hospital, Worcester, Mass., and the Insane Asylum, Topeka, Kan. For simplicity, durability, and safety they are the best Locks I have ever seen.

D. B. EASTMAN, *Superintendent.*

ILLUSTRATED CATALOGUE MAILED ON APPLICATION.

THE CLARK M'F'G CO.,
BUFFALO, N. Y., U. S. A.

DÜHRKOP'S

Patent Bakers' Ovens,

THE BEST AND MOST DURABLE.

SAVES FUEL AND LABOR.

The Dühnkop Patent Ovens are noted for their simplicity of construction, and being built throughout with solid fire bricks, are the most durable ovens made.

The heat in upper and lower ovens can be regulated at will, in the most simple manner.

Used in all the principal cities in Europe and America.

Following are the names of a few of the parties in the United States using the Dühnkop Patent Ovens:

Fleischman's Vienna Model Bakery, New York.
The O. K. Model Baking Company, New York.
Larrabee's Cracker Bakery, New York.
The John H. Schultz Company, Brooklyn, N. Y.
The William Smith Baking Company, Chicago, Ill.
Charles Schneider Bakery, Washington, D. C.
George F. Droste Bakery, New York.
F. Egler Bakery, New York.
The Cruett Bakery, Baltimore, Md.
Meinert's Bakery, Toledo, Ohio.
Root & Sons' Bakery, New Haven, Conn.
John Probst Bakery, Brooklyn, N. Y.
Mangas & Schmidt Bakery, Newark, N. J.
A. Turkes Bakery, Newark, N. J.
D. A. Fritsch Bakery, Newark, N. J.
Special References: Utica State Hospital, Utica, N. Y., and
Hon. I. G. Perry, Capitol Commissioner, Albany, N. Y.

For Circulars, Information and Estimates, address,

FREDERICK DÜHRKOP, *Patentee*,

550 East 82d Street, **NEW YORK.**

PHENACETINE-BAYER.

In therapeutic action it is like all the analgesic antithermics, it has a double action—it lowers temperature and soothes pain. The lowering of the temperature is noticeable in cases of pyrexia. In fevers, 7½ grains of Phenacetine lowers the temperature by 1.8° to 3.4° F., and the antithermic action following such a dose lasts four hours. In certain cases the apyrexial period is more prolonged even from the same dose. Phenacetine is thought by some to be superior to antipyrin and acetanilid in producing marked antithermic effects without toxic phenomena. But it is above all as an analgesic that Phenacetine outrivals its predecessor. While it is as powerful, it does not produce pain in the stomach or the scarlatina-form rash of the antipyrin, nor does it give rise to the cyanosis of the acetanilid. However prolonged may be its administration, no bad effect has ever been seen from its use. It has been used for the relief of every form of pain, even for the lightning pain of tabes, with the best results. This double action, as an antithermic and as an analgesic, results from an effect produced upon the spinal cord; and Phenacetine may be considered a depressor of the excitability of the medulla The digestive, respiratory and circulatory systems are not at all affected by Phenacetine. It is inodorous, it is tasteless, and it is innocuous.—[From a paper presented to the Central Kentucky Medical Association, by Steele Bailey, M. D., New England Medical Monthly, March, 1890.

Phenacetine-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in ounces and also in the form of our soluble pills and compressed tablets, containing two, four and five grains each. Either form may be obtained of any reputable apothecary.

ARISTOL.

Aristol, a combination of Iodine and thymol, manufactured by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, Germany, is a valuable, inodorous and non-toxic antiseptic remedy said to be superior to Iodoform, Iodole and Sozo-Iodole.

For further information regarding this new remedy we would refer to the notes we have published, which we will be pleased to mail to applicants.

SULFONAL-BAYER.

Wm. H. Thompson, M. D., LL. D., in speaking of Sulfonal, says: "Sulfonal is a pure hypnotic, neither anæsthetic or depressing in character, and it does not affect the heart or circulation, and the sleep it produces is perfect. Being quite insoluble, it requires about three hours to become thoroughly dissolved in the stomach, and should be given about two hours before bed-time. As it is not affected by the digestive secretions, it may be given shortly after the evening meal.

Sulfonal is of great value in the insomnia of the insane, and the dose should be repeated once during the night if the sleep is too short. **It is specially recommended in cases of nervous insomnia,** also in the sleeplessness of delirium tremens. In the latter case, gr. xx. should be administered every two hours until lx. or lxxx. grs. have been taken, but it should be remembered that every case of delirium tremens is also a case of starvation, and to produce sleep the patient must be fed. Dose as a hypnotic, gr. xv-xx." [From Notes, Materia Medica and Therapeutics. Lectures delivered by Prof. William H. Thompson, M. D., LL. D. Edited by Wm. H. McEnroe, M. D.]

Sulfonal-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in ounces and in the form of tablets of 5, 10 and 15 grains, put up in bottles of 10 and 100 tablets each.

We also offer Sulfonal-Bayer in the form of our soluble pills containing 5 grains each.

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170 & 172 William Street,
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FELLOWS'

Hypophosphites.

(Syr: Hypophos: Comp: Fellows)

Contains **THE ESSENTIAL ELEMENTS** to the Animal Organization —Potash and Lime;

The **OXYDIZING AGENTS**—Iron and Manganese;

The **TONICS**—Quinine and Strychnine;

And the **VITALIZING CONSTITUENT**—Phosphorus,

Combined in the form of a Syrup, with *slight alkaline reaction.*

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **mental and nervous affections.**

From its Exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Prepared by JAMES I. FELLOWS, Chemist,

48 VESEY STREET, - NEW YORK.

Circulars Sent to Physicians on Application.

FOR SALE BY ALL DRUGGISTS.

THE AMERICAN JOURNAL OF INSANITY,

JULY, 1890.

CONTENTS.